3333 Walnut Avenue Post Office Box 1082 Coos Bay, OR 97420 (541) 267-6573

Staff Initial:



REGISTRATION FORM

www.great-futures.org

Membership No.

CHECK T-SHIRT SIZE YOUTH: DSM DMED DLG □ VOLLEYBALL □ SOCCER, FALL **ADULT**: □SM □MED □LG □X-LG □ SOCCER, SPRING □ BASKETBALL Fee reductions will not be offered □ TRACK & FIELD after the first week of registration. PAYMENT IN FULL *********** is required at time of registration. All previous balances MUST be paid in full. All sport participants must have a current, non-refundable membership. ★ Players will **NOT** be allowed to **PRACTICE** until registered and all fees are paid in full. Teams are filled on a first come first serve basis. Scholarships and Fee Reductions There will be no team switches after teams have been formed. are sponsored by BASA Most teams will be assigned geographically by schools. Would you like to volunteer with this program? rogram refunds are subject to a \$5.00 service charge. NO ^********************* **PARTICIPANT REGISTRATION** PLEASE PRINT __Mailing Address: _____ Name: ___ Phone: _____ Emergency Phone: _____ Home Address: Date of Birth: _____/ ____ Male ____ Female School Presently Enrolled: ____ If enrolled in Middle School/Jr.-Hi, Last Elementary School Attended:_____ Has child participated in Boys & Girls Club Program during the year? _____ Yes _____ No **MEDICAL** Does child have any Medical Problems? Yes _____ No ____ If yes, Please Explain: ____ Child's Physician PARENT INFORMATION Father's Name: ____ Employer ____ Mother's Name: **REFUND POLICY** A \$5.00 fee will be deducted for refunds. No refunds will be honored if a player has participated in a game. 100% Refund will be given whenever a team cannot be formed due to lack of players or a player cannot be placed on a team. If a player drops from the program because of medical reasons prior to the first scheduled game – a full refund will be given only with the written authorization from the attending physician. 90% Refund: If a refund application is filed with the Boys & Girls Club office prior to the registration deadline or the first scheduled practice. **PERMISSION TO PLAY** As the parent or legal guardian of the child named above who is registered to participate in Boys & Girls Club activities for the current season, I hereby acknowledge to the Boys & Girls Club that I am not aware of any medical or other reason why my child should not be allowed to participate in Boys & Girls Club activities. In the event of accidental injury incurred while participating in Boys & Girls Club activities, I authorize Boys & Girls Club representatives to secure medical care for my child in the event I cannot be reached. Acting on my own behalf and on the behalf of my child as his/her parent or as his/her guardian, I hereby release Boys & Girls Club and its agents, staff, representatives, directors, coaches and anyone else acting on behalf of Boys & Girls Club activities, from any and all liability for any injury or condition resulting from his/her participation in Boys & Girls Club activities. I agree to reimburse the Boys & Girls Club at replacement cost for any uniform and/or protective equipment issued the child if said items are not returned within 30 days following the last date of the activities registered for herein and/or are damaged due to neglect. If Boys & Girls Club is required to seek collection and/or reimbursement of uniform and/or equipment by legal action, I further agree to pay all court costs and legal fees. Signature of Parent or Legal Guardian OFFICE USE ONLY ______ Paid \$_____ Cash ___ Check Receipt # _____ Membership # ___ Sport Revised MARCH 2013

GREAT FUTURES START HERE.