

Alderwood Boys & Girls Club
19719 24th Ave. W. #10
Lynnwood, WA 98036
Ph. (425) 774-3022
www.bgcsc.org



Edmonds Boys & Girls Club
310-6th Ave. N.
Edmonds, WA 98020
Ph. (425) 774-0630
www.bgcsc.org

2008 Spring Volleyball Registration

Sign-Ups: Registration will begin Monday February 4th and run through Friday March 28th.

Fees: 1st-2nd grade Clinic: \$50 per volleyball registration + \$20 yearly membership
3rd-4th Grades: \$70 per volleyball registration + \$20 yearly membership
5th-12th Grades: \$80 per volleyball registration + \$20 yearly membership

*****All participants must have a 2008 NON-REFUNDABLE membership form filled out!*****

Teams: Teams are formed by grades and if possible, location. Teams are co-ed and are separated by the following grade levels: 3rd-4th combined, 5th-6th combined, 7th-8th combined, 9th-12th combined.

Practices: Practices could start as early as the week of April 7th, once volunteer coaches are found. Practices will be held within the Edmonds School District, but not necessarily close to one's home. Practices will take place 1 or 2 times a week on weeknights depending upon grade level and coaches availability. Coaches will call players once teams are formed.

Games: Games will be played on Saturdays beginning April 19th and will run through early June. Most games will be played at the Alderwood Boys & Girls Club however, teams may need to travel to other Boys & Girls Clubs in Snohomish County.

Sponsorships: Our goal is to have each of our athletic teams find a sponsor. All of our sponsorship money goes into our general scholarship fund. We have sponsorships at the \$200 or \$500 level for volleyball.

*****Coaches with paid sponsorships will have priority in choosing practice times and location based on when sponsorships are turned in*****

*****Sponsored teams will also receive half off entry fee for our end of the season tournament*****

2008 Spring Volleyball Registration Form

Last Name: _____ First Name: _____ Home Phone #: _____

Parent Name(s): _____ Address: _____ Work Phone #: _____

Grade level: _____ School: _____ Age: _____ Male: _____ Female: _____

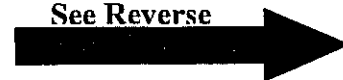
E-Mail: _____ Last Year's Coaches Name: _____ This Year's Coaches Name: _____

Please circle shirt size: **Youth:** M L XL

Adult: M L XL XXL

Please note that shirt sizes run small!

See Reverse



My child would like to play with the following friend(s): _____

Yes, I am interested in being a part of my child's team by: 1. Coaching: _____ 2. Sponsoring _____

Name: _____ Home Phone #: _____ Work Phone #: _____

*****For Official Use Only: Payment Amount: _____ Membership Date: _____ Receipt Number: _____**

"The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material."

B&GC MEMBER REGISTRATION FORM

Member Last Name, First Name _____

PRIMARY PARENT/GUARDIAN

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Work Phone: _____
 Cell: _____ E-mail: _____
 Employer: _____
 Title: _____

MALE / FEMALE

OTHER PARENT/GUARDIAN

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Work Phone: _____
 Cell: _____ E-mail: _____
 Employer: _____
 Title: _____

MALE / FEMALE

MEMBER INFORMATION

Name: _____ Male / Female _____
 Birthdate: ____/____/____ Age: _____
 African American [] Asian [] Caucasian [] Eastern European []
 Hispanic [] Middle Eastern [] Native American [] Other []
 School: _____ Grade: _____
 School District: _____

Household Type: Both Parents [] Single Parent Mother []
 Single Parent Father [] Grandparents [] Other []

CHECK AREAS OF INTEREST:

- childcare
- daycamps
- super school
- baseball
- basketball
- flag football
- soccer
- volleyball
- transportation
- 3 on 3 tourney
- wrestling
- special events

I would like to volunteer for the following:

- club programs
- coaching
- annual auction
- officiating
- team sponsor
- parent board
- team parent
- golf tournament
- other _____

MEDICAL INFORMATION

Insurance Company: _____
 Physician: _____
 Physician Phone: _____
 Medications: _____
 Medical Problems / Allergies: _____

EMERGENCY CONTACTS

First & Last Name: _____
 Relation to Child: _____
 Phone #: _____
 First & Last Name: _____
 Relation to Child: _____
 Phone #: _____

Release Form: I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Club employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises except when enrolled in a licensed childcare program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent or Guardian Signature: _____ Date: _____