



Youth Sports Waiver and Release of Liability

Read before Signing

In consideration of my child/ward being allowed to participate in any way in the Boys & Girls Club of Salem, Marion and Polk Counties youth sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) Although Club rules, equipment, training and discipline are designed to avoid any injury, the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- 2) On behalf of my child and for myself, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, arising out of, related to and resulting from participation in this program, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Boys & Girls Club of Salem, Marion and Polk Counties their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES") or others, and assume full responsibility for my child/ward participation to the fullest extent of the law.
- 3) I willingly agree to comply with the stated and customary terms and conditions of the Boys & Girls Club of Salem, Marion and Polk Counties Athletic Agreement for my child/ward participation. If, however, I observe any risk of injury or death which is not inherent in the program while my child/ward participates in the program, I will remove my child/ward from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and my child/ward on behalf of our heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the RELEASEES WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 5) I hereby certify that, as the parent or guardian for my child, I have legal responsibility for and authority to sign this RELEASE AND WAIVER on behalf of my child. I further certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and with out any duress or coercion.

x _____
Parent/Guardian Signature

Date Signed

Participant's Name

For Office Use Only

Athletics	Eastwood
Keizer	Knudson
Richmond	Swegle
West Salem	Wippe
Woodburn	

Membership #: _____



**BOYS & GIRLS CLUB
OF SALEM
MARION AND POLK COUNTIES**

MEMBERSHIP APPLICATION

revised 7/30/10

Please complete form **in ink** in full.

Incomplete forms will not be accepted and membership will be denied.

MEMBER INFORMATION

Last Name of Youth: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: (mm/dd/yyyy): _____ Age: _____ Gender: ___M ___F

Ethnicity: Caucasian African American Native American Asian Hispanic Mixed Heritage
 Pacific Islander Other

School: _____ Grade: _____ (1-12)

Other Organizations your child belongs to: Scouts YMCA YWCA Campfire 4H Other _____

PRIMARY CONTACT

Relationship to Member: _____

Parent/Guardian: ___Yes ___No

Person Authorized to Pick up Member: ___Yes ___No

Name: _____

Address H: _____

Employer: _____

Address W: _____

W Phone: _____ H Phone: _____

Email: _____ Cell: _____

SECONDARY CONTACT

Relationship to Member: _____

Parent/Guardian: ___Yes ___No

Person Authorized to Pick up Member: ___Yes ___No

Name: _____

Address H: _____

Employer: _____

Address W: _____

W Phone: _____ H Phone: _____

Email: _____ Cell: _____

OTHER EMERGENCY CONTACT

(Other than Family Member)

Relationship to Member: _____

Parent/Guardian: ___Yes ___No

Person Authorized to Pick up Member: ___Yes ___No

Name: _____

W Phone: _____ H Phone: _____

Email: _____ Cell: _____

PERSON(S) NOT AUTHORIZED TO CONTACT MEMBER (if applicable)

Name: _____

Description

Doctor Name: _____ Doctor Phone: _____

Permission for Treatment by Doctor/Hospital: ___Yes ___No Do you have Medicaid: ___Yes ___No

Does your family have health and/or accident insurance: ___Yes ___No

Insurance Carrier: _____ Insurance Carrier Phone: _____

Policy #: _____ Group #: _____

Serious Health Problems (including allergies): ___Yes ___No If Yes, explain: _____

Medications: ___Yes ___No If Yes, explain: _____

MEDICAL INFORMATION

HOUSEHOLD INFORMATION

This information is collected for Grant writing purposes ONLY and is strictly confidential.

Member lives with: Both Parents Father ONLY Mother ONLY Parent & Step Parent Foster Parent
 Other *specify* _____

Number in Household: _____ Number *Under Age 18* _____

Is there a Member of the Household 65 years old or older Yes No

Is a parent or guardian a member of the military: Yes No

Does the member currently receive Free Lunch Reduced Price Lunch Neither

Annual combined household income:

\$0 to \$5,000 \$5,001 to \$12,000 \$12,001 to \$22,000 \$22,001 to \$32,000 \$32,001 to \$40,000 \$40,001+

Please or Initial

_____ BGC has an **OPEN DOOR POLICY**. Members are allowed to leave the Club property when they please. The Club assumes no responsibility for members who choose not to come on a particular day or who choose to leave early. Club supervision only occurs within our building. If you want your child to remain in the Club at all times, please instruct him/her not to leave. Arrangements should also be made for your child's transportation to and from the club, unless s/he is allowed to walk.

_____ I hereby give permission for my child to be photographed, videotaped and/or interviewed for use by the BGC and BGCA in productions, marketing, training, services and similar purposes. I understand that my child will receive no compensation or consideration for the release, and that **I can revoke this right at any time in writing.**

_____ I hereby give permission for the BGC to have access to my child's teachers, grades, report cards in conjunction with programs related to education and case management.

_____ I agree that if my son or daughter needs to be picked up due to illness, injury or suspension, I will pick up my child or arrange to have him/her picked up within 30 min.

_____ I understand that the Club, its employees and agents, shall not be responsible for any losses of personal property.

_____ I have received a Parent Handbook and agree to all rules and requirements of Boys & Girls Club membership.

_____ I hereby grant my consent for my child to participate in surveys or other program evaluation mechanisms instituted by the Boys & Girls Club. I understand all results will be kept strictly confidential.

_____ Member may participate in all Boys & Girls Club activities in or adjacent to the Club building.

Disclaimer:

As parent and/or guardian of the applying member (*I*), *I* agree the Boys & Girls Club of Salem, Marion and Polk Counties (*BGC*) shall not be held responsible or liable in the event of harm or injury to the applying member. This also includes the applying member's welfare and/or whereabouts. If *I* file a complaint against *BGC*, *I* agree to pay for the applicable legal expenses on behalf of *BGC*.

I hereby grant permission for my child to become a member of *BGC*. *I* certify that *I* am the child's parent and/or guardian and have full power, right, and authority to enter into this release on behalf of the child and understand all applicable terms, conditions, and provisions.

_____ *Parent's Printed Name*

_____ *Parent's Signature*

_____ *Date*

FOR OFFICE USE ONLY:

Paid: _____ Yes _____ No

Entered On: _____ By: _____

Membership Type (circle all that apply): New Renewal HSC Scholarship Outreach