

# 2011 Fall Volleyball Athletic Registration



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

<b>Player's Name:</b>	<b>For Office Use Only</b> <input type="checkbox"/> New <input type="checkbox"/> Returning
<b>Birthdate:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	Team: _____
<b>School:</b> <b>Grade:</b>	Receipt # _____ Amount: _____
<b>Home Address:</b>	<b>Division:</b> 3-4    5-6    7
<b>Home Phone:</b>	
<b>Cell Phone:</b>	
<b>Email:</b>	
<b>T-Shirt Size:</b> <i>Youth</i> <i>S</i> <i>M</i> <i>L</i>	<i>Adult</i> <i>S</i> <i>M</i> <i>L</i> <i>XL</i>
<b>Would you be willing to volunteer/assist in coaching?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### I. EMERGENCY INFORMATION:

#### Family Medical Insurance

Carrier: \_\_\_\_\_

Family Physician's name: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/We hereby grant consent to any/all health care providers designated by the Boys & Girls Club to provide my child any necessary medical care as a result of any injury/illness.

This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Emergency Contact Person (someone other than parent)

\_\_\_\_\_  
Emergency Phone Number

### II. ATHLETIC AGREEMENT:

The Boys & Girls Club has a high standard of behavior for both players and parents. We expect everyone to keep the highest level of conduct while at any Boys & Girls Club function. Any player's participation in our program is dependent and affected by the player's attitude, attendance and cooperation at all team/Club functions. By signing this agreement I understand that I may be requested to leave the building if I act other than in an appropriate manner. I agree to the Boys & Girls Club refund policy.

\_\_\_\_\_  
Parent/Guardian Signature

### III. IMAGE RELEASE:

I understand that, from time to time, the Club may take still and video photographs of participants and parents involved in its various programs. These images are used by the Club for internal purposes only; images will remain inside of Boys & Girls Club buildings. Accordingly, I hereby agree, consent and allow my and my child's likeness to be photographed or videotaped. If any image will be used for publication or fundraising purposes further paperwork for permission will ensue.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed



## 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



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

# MEMBERSHIP APPLICATION

### For office use only

Membership #: \_\_\_\_\_  
 A – Athletics                       S – Swegle  
 E – Eastwood                       W – West Salem  
 Z – Keizer                               T – Wipper  
 K – Knudson                       B – Woodburn  
 R – Richmond                       Change of unit

Please complete form **in ink** in full and write clearly.  
 Incomplete forms will not be accepted and membership will be denied.

### MEMBER INFORMATION

Last name of youth: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Birthdate (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Ethnicity:  Caucasian  African American  Hispanic  Native American  Asian  Pacific Islander  Mixed heritage  Other  
 Has been member before:  Yes  No Other member of same household is a member:  Yes  No  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Other organizations youth belongs to:  Scouts  YMCA  YWCA  Campfire  4H  Other:  
 \_\_\_\_\_  
 Youth's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: (\_\_\_\_) \_\_\_\_\_ e-mail address: \_\_\_\_\_

### PRIMARY CONTACT

Name: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Parent / Guardian:  Yes  No  
 Person authorized to pick up member:  Yes  No  
 Home address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 H phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 W phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### SECONDARY CONTACT

Name: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Parent / Guardian:  Yes  No  
 Person authorized to pick up member:  Yes  No  
 Home address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work address: \_\_\_\_\_  
 H phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 W phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### OTHER EMERGENCY CONTACT (other than family member)

Name: \_\_\_\_\_  
 Relationship to member: \_\_\_\_\_  
 Parent / Guardian:  Yes  No  
 Person authorized to pick up member:  Yes  No  
 H phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 W phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Name: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MEDICAL INFORMATION

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, please explain:  
 \_\_\_\_\_  
 Medications:  Yes  No If yes, please explain:  
 \_\_\_\_\_

### HOUSEHOLD INFORMATION

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

**PLEASE TURN!**

Member lives with:

Both parents  Mother ONLY  Father ONLY  Parent & step parent  Foster parent  Other, specify: \_\_\_\_\_

Number of members in household: \_\_\_\_\_ Number of children under age 18: \_\_\_\_\_

Is 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 – \$5,000  \$5,001 – \$12,000  \$12,001 – \$22,000  \$22,001 – \$32,000  \$32,001 – \$40,000  \$40,001+

**Please initial for approval or mark N/A**

\_\_\_\_\_ 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, and/or 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.

\_\_\_\_\_ I may be asked to join Boys & Girls Club Parent Committee and would like to have more information about it.

**Disclaimer**

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.

As a 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

Membership type (circle all that apply):

New    Renewal    HSC    Scholarship    Outreach    Military

Data entered on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Data entered on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_