

Check#	_____
Date:	_____
Amount:	_____
Reg. Fee:	_____
(or club)	_____
Donation:	_____



BOYS & GIRLS CLUBS
OF MARIN AND SOUTHERN SONOMA
COUNTIES

2010 PERMISSION SLIP Pre-K T-Ball

Child's Name: _____ Age: _____

Address _____ Zip _____ E-Mail: _____

Home Phone: _____ Alternate Phone: _____

School: _____ Prefer (circle one): West Side East Side

Physician: _____ Phone: _____

Allergies/Medical Conditions: _____

Childs Shirt Size: Child S (6-8) Child M (10-12) Child L (14-16) Child XL (18-20)

Special Request: *(Please note requests are not guaranteed)*

Child Request ("1" Child Request Only Please)

Name: _____ School: _____

Coach Request: _____

If you are interested in being a Coach or an Assistant Coach, please fill out the required Coaches form.

PARENTAL AGREEMENT

I, _____, understand that as a participant in the BGCMSSC youth baseball program, my child will be practicing and playing games when Club staff may not be present.

I give my child *(Please Print Child's Name Clearly)* _____, Permission to participate in **T-BALL** with the Boys & Girls Clubs of Marin and Southern Sonoma Counties. I give BGCMSSC staff permission to transport my child to the nearest physician for observation and/or treatment in case of an emergency. If medical attention, other than basic first aid is required, a concerted effort will be made to contact the parent, guardian, or family doctor before any further action is taken by the Club staff.

I agree to take responsibility for the following:

1. To make certain that my child's coach, assistant coach or other responsible adult connected with the team is present before I drop off my child. That said adult will assume responsibility for my child's supervision until my return.
2. To make certain that I will pick up my child before or at the conclusion of any practice or game.

Parent Signature: _____ Date: _____