



BOYS & GIRLS CLUBS
OF MARIN AND SOUTHERN SONOMA
COUNTIES

ATHLETIC REGISTRATION FORM

- Credit Cards are accepted • Please make checks payable to BGCMSSC •
- Scholarship applications and receipts are available from the Athletic Director •
- \$10 Annual Registration Fee (Where Applicable) •

Confidentiality: Any confidential information requested is for our records and for the funding our organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Optional fields are denoted with asterisks (*).

Member Information (please print clearly)

First Name: Last Name:

Mailing Address:

City: Zip:

Home Phone: Alternate Phone:

Gender: Male Female

Age: Date of Birth:

School: Grade:

Parent(s)/Guardian(s) Information (2)

(Parent 1) First Name: Last Name:

Daytime Phone: Alternate Phone: Relationship to Member:

E-mail:*

(Parent 2) First Name: Last Name:

Daytime Phone: Alternate Phone: Relationship to Member:

E-mail:*

Please See Reverse Side!!

What is the yearly income for your household?*

Below \$4,999	\$5,000 - \$7,499	\$7,500 - \$9,999	\$10,000 - \$14,999
\$15,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$49,999	\$50,000+

Ethnicity:*

African American American Indian Asian Caucasian Hispanic

Hawaiian Native or Pacific Islander Multi-Ethnic Other _____

How long has your child been a member?* _____ years **OR** This is my child's first year

- I, the parent, approve my child's application for membership to Boys & Girls Clubs of Marin and Southern Sonoma Counties (BGCMSSC) and will notify the Registration Office of any changes in address and all telephone numbers listed on the membership applications.
- I understand that BGCMSSC maintain a **NO REFUND POLICY**.
- I understand that my child cannot be left at BGCMSSC earlier or later than the Club's established hours of operation.
- I understand that in the event of extreme or recurring discipline problems, my child may not have use of the Club and/or participation in its programs for a prescribed period of time.
- I, the parent, am registering my child in program(s) and am responsible for payment.
- I, the legal parent/guardian of the current member, do hereby irrevocably consent to and authorize the use and reproduction by BGCMSSC of photographs taken of the member I am registering for the purpose of posting on the Club's website and/or for publishing in the newspaper or other brochure unless directly stated in writing to the Program Director.
- I understand that the member I am registering will have access to computer use in the computer center, with club supervision.

BGCMSSC maintains an open door policy. If it's a parent's desire their child remain at the Club until picked up by a designated person the responsibility for this lies solely with the parent and the child. The Club staff will **NOT** be held liable should any child leave the premises without permission. Please contact the Program Director with questions or concerns.

I hereby give my child permission to participate in BGCMSSC. I understand that the BGCMSSC is not responsible for personal injury or loss of property. I give Boys & Girls Clubs staff permission to take my child to the nearest qualified physician for observation or treatment in case of an emergency. In the event medical attention other than basic first aid needs to be administered, a concerted effort will be made to contact the parent/guardian or family doctor before any further action is taken on the part of BGCMSSC.

Parent/Guardian Signature

Date

For Official Use Only:			
BASKETBALL _____	Reg Fee: _____	OR →	LPC: _____
BASEBALL _____	Amount Paid: _____		CAV: _____
FLAG FOOTBALL _____	Date Rec'd: _____		RWV: _____
VOLLEYBALL _____	Rec'd By: _____		ATH: _____
CLINIC _____	_____		MCK: _____
			DTR: _____
			OEV: _____
			WCC: _____
			MCD: _____