



MARYSVILLE BOYS & GIRLS CLUB 2019

Spring Sports Registration

Flag Football

Ages 4 - 17 years \$140 Per Player

Volleyball

3rd grade - High School \$125 Per Player

Scholarships available for those who qualify

Registration begins first week of January, and ends the first week of March. Practices begin once volunteer coaches are found. Practices will be twice a week on Monday/Wednesday or Tuesday/Thursday for 1 hour. Coaches will call once rosters are formed. Season consists of 8 games on Saturdays in Marysville, Everett & Arlington areas. Contact Marysville Boys & Girls Club for more information (360) 659-2576

Sponsorhips: Our goal is to have a sponsor for all of our sports teams. All sponsorship money goes directly into our general scholarship fund. Sponsorships range from \$250-\$1,000. Teams who obtain a sponsor or full team & coach will receive first pick on practice days & times.

<u>Participant Information</u> (Please print clearly. Coaches use this info to contact you.)

Return completed registration to Marysville Boys & Girls Club, 1010 Beach Ave. Marysville, WA 98270 Sport: Flag Football Soccer Last_____ Gender: M \sqcap F \sqcap _____ Player's Grade: ____ School: _____ _____ Parent First Name: ___ _____ Last: ____ E-Mail: ___ Day Phone: _____ _____ Cell Phone: _____ _____ Phone: ___ Friend request/practice time request: _____ Coaches request: _____ May we give the coach an email or phone number: Yes No Jersey Size (check one): YS WM YL YL AS AM AL AXXL AXXL I am interested in being a part of my child's team by: Sponsoring
Coaching I would like to donate an additional \$ _____ to support scholarships for kids at the Marysville Boys & Girls Club. Disclaimer a minor, age _ I declare that I am the parent or legal guardian of . 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 Club 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 Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my medical or hospital fees or costs associated with my

an emergency, medical treatment as described above may proceed without further authorization. I understand the "open door" policy which allows children to come and go as they please. 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.

The Marysville School District has neither reviewed nor approved the programs, personnel, activities or organizations announced in this flyer and undertakes no responsibility to

child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone. In case I cannot be reached in

supervise these events. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the district. In consideration of the privilege to distribute these materials, the Marysville School District shall be held harmless from any cause of action or claim arising out of the events or activities advertised in these materials; include all costs, attorney fees and judgments or awards.

For Office Use Only

Payment amount: Re-	eceipt number:	Date:
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Annual Membership Registration Form



Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED**. Please make sure to fill out this form in its entirety.

Name:			Gender: Male 🗌 Femal	le 🗌	
School:	Grade: _	Birthdate:	Eligible for Free or Redu	ced School Lunch: Y	/es
Ethnicity/Race: African Americ	can American Native	Asian Caucasian	Pacific Islander		
Multi-Racial Other 0	Also Hispanic/Latino: Yes 🗌	No 🗌			
Primary Parent/Guardian II					
Name:			Gender: Male Femo	ale 🗌	
Address:		City:		State: Z	ip:
Phone:	Cell:	E-mail: _			
Place of Employment:					
leteran or active member of the	e U.S. Military? Yes No	Branch:	Dates o	of Service:	to
Other Parent/Guardian Info	ormation				
Name:			Gender: Male 🗌 Femo	ale 🗌	
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Household Information					
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