

## 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**

**Sponsorships:** 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.

#### Participant Information (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 ☐

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: M ☐ F ☐

Birth date: \_\_\_\_\_ Player's Grade: \_\_\_\_\_ School: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Friend request/practice time request: \_\_\_\_\_ Phone: \_\_\_\_\_

Coaches request: \_\_\_\_\_ May we give the coach an email or phone number: Yes ☐ No ☐

Jersey Size (check one): YS ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ 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

I declare that I am the parent or legal guardian of \_\_\_\_\_ a minor, age \_\_\_\_\_, 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 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 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 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: \_\_\_\_\_ Receipt number: \_\_\_\_\_ Date: \_\_\_\_\_

# Annual Membership Registration Form



**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY

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.

## Child's Information

Name: \_\_\_\_\_ Gender: Male ☐ Female ☐  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Eligible for Free or Reduced School Lunch: Yes ☐ No ☐  
Ethnicity/Race: African American ☐ American Native ☐ Asian ☐ Caucasian ☐ Pacific Islander ☐  
Multi-Racial ☐ Other ☐ Also Hispanic/Latino: Yes ☐ No ☐

## Primary Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male ☐ Female ☐  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes ☐ No ☐ Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Other Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male ☐ Female ☐  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes ☐ No ☐ Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Household Information

Household Size: \_\_\_\_\_ Household Type: Both parents ☐ Single Parent (Mother) ☐ Single Parent (Father) ☐ Grandparents ☐ Guardian/Other ☐  
Family Annual Income: \$0 to \$16,600 ☐ \$16,601 to \$18,700 ☐ \$18,701 to \$20,750 ☐ \$20,751 to \$22,450 ☐ \$22,451 to \$24,100 ☐  
\$24,101 to \$25,750 ☐ \$25,751 to \$27,400 ☐ \$27,401 to \$27,650 ☐ \$27,651 to \$31,100 ☐ \$31,101 to \$34,550 ☐ \$34,551 to \$37,350 ☐  
\$37,351 to \$40,100 ☐ \$40,101 to \$42,850 ☐ \$42,851 to \$45,650 ☐ \$45,651 to \$48,120 ☐ \$48,121 to \$51,420 ☐ \$51,421 to \$54,780 ☐  
\$54,781 to \$55,300 ☐ \$55,301 to \$59,750 ☐ \$59,751 to \$64,150 ☐ \$64,151 to \$68,600 ☐ \$68,601 to \$73,000 ☐ \$73,001 + ☐

## Medical Information

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies/Medical Concerns: \_\_\_\_\_

## Emergency Contacts

First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home ☐ Mobile ☐  
First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home ☐ Mobile ☐

**Terms & Conditions:** I declare that I am the parent or legal guardian of the minor listed above. 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 the Boys & Girls Clubs 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 Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. **I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. 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 or summer camp 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Received By: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ On: \_\_\_\_\_ Input into KidTrax: \_\_\_\_\_  
Membership Type: Full ☐ 100% Scholarship ☐ 75% Scholarship ☐ 50% Scholarship ☐ 25% Scholarship ☐