



BOYS & GIRLS CLUBS  
OF GREATER CONEJO VALLEY

# Sports Registration Form

## GREAT FUTURES START HERE.



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**Basketball:** \_\_\_\_\_ **Soccer:** \_\_\_\_\_ **Track Meet:** \_\_\_\_\_ **Other:** \_\_\_\_\_

Participant's Gender: Male Female (Please Circle) D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Additional Info: Height: \_\_\_\_\_ (inches) Weight: \_\_\_\_\_ (lbs) School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Health Needs/Special Requests: \_\_\_\_\_

Parent's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Special Health Needs/Special Requests: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Agreement (Youth Program Only)

- I hereby certify that my child is in normal health and capable of safe participation in the youth sports program.
- I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the BGC/GCV to obtain medical treatment for my child in the event that parent (s) and the emergency contact in case I cannot be reached.
- I support BGC/GCV Youth Sports philosophy, which is based on participation, fun, team work, fair play, physical fitness and skill development. Family involvement and volunteer support is a vital part of our program. I would like to volunteer as a: (Check one or more) Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Official \_\_\_\_\_ Other (specify) \_\_\_\_\_
- I will have a parent or guardian present at all times for practices and games and will not have coaches transport my child.
- If I decide to coach for BGC/GCV sports program, I will abide by the job description, rules and regulations of the organization.

**Parent's Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent Permission Form (Youth Program Only)

The undersigned as parent or legal guardian of \_\_\_\_\_ hereby authorizes the BGC/GCV and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of section 25:8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the BGC/GCV will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the BGC/GCV and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

The authorization and consent to treatment of a minor is given to the BGC/GCV in conjunction with any authorized event.

**\*\*\*Parents Must sign the waiver on the back of this form\*\*\***

**Parent's Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed. Requirements include: Total income of household members, previous year's tax returns, and most recent form of income.

### CONFIDENTIAL INFORMATION

#### ETHNICITY

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other \_\_\_\_\_

#### ANNUAL HOUSEHOLD INCOME:

- \$10,000 or below
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 +
- Decline Information

#### HEAD OF HOUSEHOLD:

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

#### PUBLIC ASSISTANCE:

- Yes  No

*(Please note, this information is strictly for statistical and fundraising purposes only.)*

### OFFICE USE ONLY

#### Credit Card Information (Required for Fax or Mail only)

Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Payment Type: Check \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_

TOTAL Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_