

Boys and Girls Club of Salem
Fall Sports Registration Form

Please check off program(s) you are registering for:

Floor Hockey(Gr1-3)___(Gr4-6)___; Sports Club (Ages4-K)___(Gr1-3)___(Gr4-6)___
Gymnastics Ages (3-4)___ (5-7)___ (8-12)___

Please Print:

Last Name: _____ First Name: _____

Gender: Male / Female Shirts Size – Youth S M L XL Adult S M L XL

Date of Birth: (month/day/year): ____/____/____ Age ____ Grade ____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: (____) _____ Cell # (____) _____

Email _____

Any past experience in Boys & Girls Club athletics:

Family Volunteers: (if needed)

Name _____

Relationship to Participant _____

Home # _____ Cell # _____

Email _____

Volunteer (circle) - Head Coach, Asst. Coach, Referee, Scorekeeper

Other: _____

Name _____

Relationship to Participant _____

Home # _____ Cell # _____

Email _____

Volunteer (circle) - Head Coach, Asst. Coach, Referee, Scorekeeper

Other: _____

Special Notes or Considerations (i.e., car pools, medical, coach, practice nights etc.)

This does not guarantee placement on a particular team; the league or team will try to accommodate all requests.

CONTINUE ON BACK

Consent for Medical Treatment and Cancellation Information:

I give the Boys and Girls Club of Salem permission to make whatever emergency measure as judged necessary for the care and protection of my child while under their supervision.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

Sports Program Cancellations:

1. Before program starts: Program Credit minus \$5.00 service charge
2. After 1st week of program: Program Credit minus the fee for one week & \$5.00 service charge
3. After 2nd week of program: No Credit will be issued
4. If we cancel a program a full credit will be issued for that program
5. If we cancel a game day or class day and are unable to reschedule the cancelled day a credit will be issued for the cancelled game or class
6. Cancellation due to medical reasons: Please contact Athletic Director
7. **NO REFUNDS WILL BE ISSUED**

By signing below you have read and agreed to the above information regarding medical treatment and cancellation:

Date: _____ Signature: _____

For SBGC Staff:

Amount paid: _____ Cash: _____ Check #: _____ CC _____

Processed by: _____ Receipt #: _____

Date of Registration: _____

Balance Due/Notes
