



**BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
GRANITE FALLS UNIT**



2017-2018 Winter Basketball Registration

Boys & Girls Grades K through 12 \$120 Per Player

TO REGISTER: Complete this registration form and the 2018 membership form on the back & Drop Off or Mail it with payment to: Granite Falls Boys & Girls Club, 110 S Alder Ave, Granite Falls WA, 98252. **Important—Please review the policy and code of conduct at the bottom of this form and initial with your child.** For questions call (360) 386-1583. Our office hours are M-F 12pm - 6pm.

- **Registration ends promptly on November 17th(Coach/Player request deadline is Nov. 3rd)**
- **Coaches receive their rosters and practice schedules November 29th.**
- **Practices begin the week of December 4th & are usually twice a week at one of your local schools. The season will end no later than February 24th.**
- **Contact rcannon@bgcsc.org for coaching, sponsorship & general program information.**



facebook.com/granitefallsbgcsc

Participant Information

(Please print clearly. Coaches use this info to contact you.)

First Name: _____ Last _____ Gender: **M F**

Birth date: _____ Player's Grade: _____ School: _____

E-Mail: _____ Parent First Name: _____ Last: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Coach Request or Player Request: _____

Jersey Size **YS YM YL AS AM AL AXL** * sizes run 1/2 size small (circle one)

Parents and Guardians, please review and initial with your participating child: Initials — _____

COACHES, PLAYERS & PARENTS: The Boys & Girls Clubs of Snohomish County practice a zero tolerance policy on negative behaviors for all its players, coaches, parents & fans. Everyone is expected to behave appropriately at all times. Failure to do so could result in removal from the facility and or suspension. Our zero tolerance policy will be enforced by Boys & Girls Club officials, gym captains, and or Athletic Directors.

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 of likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo

Disclaimer:

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