



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



Granite Falls Boys & Girls Club 2014-2015

Winter Basketball Registration

Boys & Girls Grades K through 12

\$100 Per Player

TO REGISTER:

Complete this registration form and a 2015 membership form & Drop Off or Mail it with payment to: Granite Falls Boys & Girls Club, 307 N Alder, Granite Falls WA, 98252. For questions call (360) 386-1583. Our office hours are M-F 12pm - 6pm.

- Registration ends promptly on Nov. 19th (Coach/Player request deadline is Nov. 12th)
- Coaches receive their rosters and practice schedules Nov. 25th.
- Practices begin the week of December 1st & are usually twice a week at one of your local schools. The season will end late February.
- Contact rcannon@bgcsc.org for coaching, sponsorship & general program information.



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: _____

Address: _____ City: _____ Zip: _____

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)

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 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: _____

Disclaimer:

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