

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS
OF THE BIG PINES**

PO Box 2041 Marshall, TX 75671
(903) 935-2030 www.BeGreatEastTexas.com

Sports Registration Form

Sport (circle):



Season (circle): Fall Winter Spring Summer

Player Experience: _____
How many seasons of this sport has the player played?

Uniform size _____
Please list exact size such as "adult small" or "youth medium"

Print Participant's Name: _____ **Today's Date** _____
Last First

Address: _____
Street City Zip

Gender: _____ **Birth date:** _____ **Age:** _____ **Grade:** _____

Email Address: _____

Home Phone: _____ **Cell Phone:** _____

School: _____ **Ethnicity:** _____

**The Club will determine the method for team formation. Only direct siblings will be guaranteed the same team upon the parent's request. Refunds are generally not offered and are at the discretion of the Club. Due to the cost of the equipment, any refund authorized will be at a maximum of 50%. Please note and consider this before signing up.*

For office use only:	
Date Received:	_____
CA\$	_____
CK\$	_____
CK#	_____
Processed:	_____
Date	Int

IN GENERAL, NO REFUNDS

CONTACT INFORMATION

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Specific medical allergies, conditions, medicines, or special needs: _____

Did player participate in this league last season: Yes No

If yes, please rate your overall league experience: (Worst) 1 2 3 4 5 (Best)

Can we contact you about? Coaching Sponsoring a Team

Registrations WILL NOT be processed without a signed 'Expectations of Parent/Player Behavior' Form on the back of this document.

Get Updates from the Club



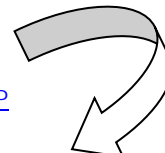
<https://www.facebook.com/BeGreatEastTexas>



<https://twitter.com/BGCBigPines>



<http://www.youtube.com/user/BGCBP>



Expectations of Parent & Player

It is the intention of the BGCBP sports programs to provide children in our community the opportunity to play sports in a positive environment.

We ask for your full cooperation in the following ways:

- Spectators shall be cooperative and respectful to Boys & Girls Clubs of the Big Pines staff.
- Spectators shall be cooperative and respectful to referees.
- Profanity or other aggressive behavior will not be tolerated.
- Please respect facilities; no outside food or drink in the gym and dispose of any trash.
- Display good sportsmanship. We support a program that builds character for the children of our community
- Direct all questions/complaints to the Sports Director: sports@BeGreatEastTexas.com

I have read and agree to support the BGCBP Sports Program Expectations of Parental/Player Behavior. I fully understand that the consequences for not abiding to the above expectations can result in penalties which could include removal of your child from the program, which includes the ineligibility to participate in sports extracurricular activities.

Print Parent's Name: _____ **Child's Name:** _____

Child's Signature: _____ **Date:** _____

REFUND POLICY

- Due to the administrative work necessary for creating teams and preparation for draft day, a \$25.00 withdrawal fee applies to all refunds submitted prior to refund cutoff date. Refunds are given sparingly if at all.
- Please submit your request to withdraw by email to sports@BeGreatEastTexas.com or by mail to the address below.

Initial that you understand the refund policies: _____

WAIVER & RELEASE OF ALL CLAIMS

Waiver of Liability & Disclaimer: In consideration of my child's participation in the sports programs of *the Club*, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Boys & Girls Clubs of the Big Pines, and its sponsors, staff members, board of directors, Harrison County, associated school districts, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in participation of the sports programs and that I will, on behalf of the child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

Emergency Authorization: I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

Guardian Signature: _____ **Relationship:** _____

Print Name: _____ **Date:** _____

Demographics: *This information is only used for government reporting purposes, to monitor compliance with equal opportunity laws, and to qualify the Club for grants. It is not mandatory, but it is helpful to the club and is kept completely confidential.*

Ethnicity/Race: Asian Black/African American Hispanic/Latino White Multi Other _____ (please list)

Family Income Level (Check only ONE):

- \$0.00 - \$9,999.99
- \$10,000.00 - \$19,999.99
- \$20,000.00 - \$29,999.99
- \$30,000.00 - \$39,999.99
- \$40,000.00 - \$49,999.99
- More than \$50,000.00

Member lives with (Check all that apply):

- Mother Stepmother Grandparent(s)
- Father Stepfather Other: _____
- Both Mother & Father Single Parent Household? Yes _____ No _____
- Total Number Of People in your Household: _____

Specific School Attending: _____

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(903) 935-2030 1-(888) 479-KIDS (fax) www.BeGreatEastTexas.com