



TEAM SPORTS APPLICATION



**BOYS & GIRLS CLUB
OF SAN ANTONIO**

Child's Last Name: _____ First Name: _____ Male Female
 Date of Birth: _____ Age: _____ School: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Other: _____ Social Security #: _____

OFFICIAL USE ONLY

Membership #	_____
Date Paid	_____
Amount	_____
Receipt	_____
Staff	_____

NO REFUNDS

If not a current member: Membership Fee: (\$15.00) \$ _____ Registration Fee: (\$10.00) \$ _____

Registering For	Requirements
<input type="checkbox"/> Basketball	Knee pads for under 10
<input type="checkbox"/> Night Hoops	
<input type="checkbox"/> Dodge Ball	Optional protective goggles and knee pads
<input type="checkbox"/> Cheerleading	Black Shorts
<input type="checkbox"/> Flag <input type="checkbox"/> Football	
<input type="checkbox"/> Soccer	Shin Guards & Rubber Cleats

Youth Shirts	
<input type="checkbox"/>	Small
<input type="checkbox"/>	Medium
<input type="checkbox"/>	Large

Adult Shirts	
<input type="checkbox"/>	Small
<input type="checkbox"/>	Medium
<input type="checkbox"/>	Large
<input type="checkbox"/>	X-Large

REGISTRATION CHECK LIST	Initial
<i>BIRTH CERTIFICATE has been turned In</i>	
<i>Registration has been PAID IN FULL</i>	
<i>I, the PARENT HAVE COMPLETED this registration form.</i>	
<i>I understand and agree to abide by the CLUB RULES.</i>	
<i>I understand there are NO REFUNDS</i>	

Father/Guardian: _____ Mother/Guardian _____
 Telephone (Work) _____ Telephone (Work) _____
 Employer: _____ Employer: _____

Emergency Contact
Telephone (Home) _____
Telephone (Daytime) _____
Telephone (Cell) _____

I want to help my child's team by volunteering as a:

Coach Score Keeper Time Keeper Concession Worker Booster Club Member

EMERGENCY AUTHORIZATION and WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the undersigned, parent/legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is any emergency and I cannot be reached, please contact the above emergency contact.

I, the parent/guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of The Salvation Army Boys & Girls Club (SAB&GC) are primarily administered by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child) hereby release, discharge, and hold harmless SAB&GC and its employees, volunteers and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating, including injury by negligence of any official, referee or coach while performing his/her duties during any practice or game. I attest that my child is physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any game or event would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event or game officials, sponsors, representatives and/or volunteers. I give my permission for the free use of my child's name and picture in broadcasts, telecasts or written accounts of any game, practice or participation in any SAB&GC sponsored event. I also agree and support the decisions made by the Club in the event that my child and/or I, the parent do not represent the Club in a positive manner and I/we are asked to leave the premises. Length of time will be set by the Club and/or could be for the entire season.

Parent/Legal Guardian Signature (*I understand there will be NO REFUNDS*) _____

_____ Date



The Positive Place For Kids