



Roseburg Sports Program 2017 Fall Sports Registration Form

1144 NE Cedar Street, Roseburg, OR
Phone: 440-9505
Fax: 440-9661
E-mail: contactus@bgcuv.org
Website: www.bgcuv.org

Please print clearly using ink

Family Information			
Primary Parent/Guardian			
Mailing Address		City	Zip
Home Phone	Cell Phone		
E-Mail Address			
Other Parent/Guardian		Phone	
Home Phone		Cell Phone	
Player Information			
Player Name		Shirt Size (Circle One) Youth: S M L Adult: S M L XL	
Birthdate	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School (Roseburg District Only)	Grade
Does your child have any medical problems or allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Insurance Information			
All athletes in the Roseburg Sports Program are required to be insured against injuries which may occur during athletic participation. The Boys & Girls Club requires the information below as assurance that your child has adequate accident insurance coverage that will be in effect for the duration of his/her athletic participation.			
Insurance Name			
Insurance Policy ID Number		Insurance Policy Group Number	
If you do NOT have insurance coverage at this time you must obtain coverage before registering your child to participate in the Roseburg Sports Program.			
Emergency Contact		Relationship to player	Phone
Fall Sports Participation		Adult:	
<input type="checkbox"/> Tackle Football - 4 th Grade	<input type="checkbox"/> Volleyball 3 rd /4 th Grade	<input type="checkbox"/> Coach	
<input type="checkbox"/> Tackle Football - 5 th Grade	<input type="checkbox"/> Volleyball 5 th Grade	<input type="checkbox"/> Assistant	
<input type="checkbox"/> Tackle Football - 6 th Grade	<input type="checkbox"/> Volleyball 6 th Grade	<input type="checkbox"/> Team Parent	

Team Sponsorship
In order to maintain the quality of our program while keeping the fees as low as possible, we rely on team sponsorships from community-minded businesses.
<input type="checkbox"/> <i>Please contact me about sports sponsorships</i>
Business Name: _____
Contact Person: _____ Phone: _____
Parent/Guardian Consent to Participate
Please initial each statement:
___ I am the parent or legal guardian of the child named above who is registering to participate in the Roseburg Sports Program. I give permission for my child to take part in the RSP sports programs managed by the Boys & Girls Club.
___ I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I am not aware of any medical or other reason why my child should not be allowed to participate on an unlimited basis. In the event of injury, I authorize team or program representatives to secure medical care for my child if I cannot be reached.
___ I waive any claims against the Boys & Girls Club, the Roseburg Sports Program, its agents, representatives, coaches, officials, board, staff or volunteers except claims arising from gross negligence or willful acts of the board or its agents that may arise from participation in sports activities.
___ I give permission for the Club to use photographs and/or videos in which my child appears for programming publicity.
Refund Policy: In order to receive a refund, a request must be made <i>in writing</i> to the Boys & Girls Club Office. Refunds will be mailed within two weeks of receipt of the request.
<ul style="list-style-type: none"> A full refund will be given if a team is not formed due to lack of players or coach. A partial refund (refund minus a \$10 administrative fee) will be given to individuals requesting a refund for any other reason if requested prior to the end of the first week of practice. In the case that an injury prevents further participation the partial refund will be issued based on time in season and costs incurred. No refund will be given if the refund is requested after the team's first game.
Parent/Guardian Signature _____ Date _____
<i>Please continue on back of form - incomplete registrations will not be accepted.</i>

Youth & Family Information

Our Club relies heavily on grant funding for our programs. This section enables us to give accurate data to funding sources. Information is analyzed in bulk only and all information is strictly confidential.

Number of people in your household: _____

Family Income:

- \$0 - \$28,000 \$36,001 - \$40,000 \$46,401 - \$49,600
 \$28,001 - \$32,000 \$40,001 - \$43,200 \$49,601 - \$52,800
 \$32,001 - \$36,000 \$43,201 - \$46,400 Over \$52,000

Living with:

- Both parents Mother & Step-Father
 Mother Only Father & Step-Mother
 Father Only Other _____

Ethnic Information: Check all that apply

- Hispanic Caucasian/White Native Hawaiian/Pacific Islander
 Asian African American Native American Other _____

Check the programs for which your family qualifies:

- Free School Lunch Reduced Fee School Lunch TANF Food Stamps

Scholarship Section Only

Does your child qualify for free or reduced fee school lunch?

- Yes** (Please complete this section if you wish to apply for a scholarship)
 No (Please move on to next section.)

Scholarship Program:

The Club is able to offer a scholarship program due to the generosity of a local donor whose children benefitted from the RSP program years ago. The program funds half of the early registration fee (\$40 towards volleyball registration; \$55 towards football registration and \$45 towards the volleyball camp fee).

Please initial each statement:

_____ I am willing to assist my child in writing a thank you note to the donor at the end of the season and deliver it to the Club to be forwarded to the donor.

_____ I understand that this scholarship depends on my status through the school district's free/reduced fee lunch program and that it is my responsibility to provide the Club with documentation of eligibility at the time of registration.

_____ I understand that this is a partial scholarship offered by the Boys & Girls Club of the Umpqua Valley and that I am required to pay the balance of the fee at the time of registration.

Fall Sports Program Fee

Registrations will be classified by the order in which they were received (submitted to the office or by date postmarked if mailed).

Tackle Football:

Early Registration (May 15 - June 30) \$110
On-Time Registration (July 5-July 28) \$120

\$

Volleyball:

Early Registration (May 15 - June 30) \$80
On-Time Registration (July 5-Aug. 18) \$90

Minus Scholarship (\$55 Football/\$40 Volleyball, if applicable)

-\$

A) Sports Fee Total:

\$

Optional Summer Sports Camp

See the Summer Camp flyer for a list of all our sports camps

Volleyball Summer Camp \$90

August 21 - August 25

Location: Boys & Girls Club

\$

Minus \$45 Camp Scholarship, if applicable

-\$

B) Camp Fee Total:

\$

Payment Information

(A + B) Total Due:

\$

Method of Payment

- Cash
 Check # _____ (make payable to BGCUV)
 Credit Card

Complete if sending by mail or fax: _____ - _____ - _____ - _____
Exp. ____/____ CVV Code _____

Office Use Only

Rcpt # _____ Initial _____ Date _____

- New RSP Member Renewing RSP Member Club Member
 Entered into spreadsheet Copied for Coach