



# Roseburg Sports Program 2018 Volleyball Registration Form

1144 NE Cedar Street, Roseburg, OR  
 Phone: 440-9505  
 Fax: 440-9661  
 E-mail: [contactus@bgcuv.org](mailto:contactus@bgcuv.org)  
 Website: [www.bgcuv.org](http://www.bgcuv.org)

*Please print clearly using ink*

<b>Family Information</b>			
Primary Parent/Guardian			
Mailing Address		City	Zip
Home Phone	Cell Phone		
E-Mail Address			
<b>Other Parent/Guardian</b>			
Home Phone		Cell Phone	
<b>Player Information</b>			
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:			
<b>Insurance Information</b>			
<b>All athletes in the Roseburg Sports Program are required to be insured against injuries which may occur during athletic participation. The Boys &amp; 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.</b>			
Insurance Name			
Insurance Policy ID Number		Insurance Policy Group Number	
<b>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.</b>			
Emergency Contact	Relationship to player	Phone	
<b>Volunteering</b>			
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Team Parent		Coaches are expected to have knowledge of the game, have skill in working with children, support the philosophy of the program, and pass a criminal background check.	

<b>Team Sponsorship</b>
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"/> <b>Please contact me about sponsoring a volleyball team</b>
<b>Business Name:</b> _____
<b>Contact Person:</b> _____ <b>Phone:</b> _____
<b>Parent/Guardian Consent to Participate</b>
<b>Please initial each statement:</b>
___ 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.
<b>Refund Policy:</b>
In order to receive a refund, a request must be made <u>in writing</u> to the Boys & Girls Club Office. Refunds will be mailed within two weeks of receipt of the request.
<ul style="list-style-type: none"> <li>• A <b>full refund</b> will be given if a team is not formed due to lack of players or coach.</li> <li>• A <b>partial refund</b> (refund minus a \$10 administrative fee) will be given to individuals requesting a refund for any other reason if requested <u>prior to the end of the first week of practice</u>. In the case that an injury prevents further participation the partial refund will be issued based on time in season and costs incurred.</li> <li>• <b>No refund</b> will be given if the refund is requested after the team's first game.</li> </ul>
Parent/Guardian Signature _____ Date _____
<b>Please continue on back of form – incomplete registrations will not be accepted.</b>

### 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: \_\_\_\_\_

### 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)

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.

**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 and that I am required to pay the balance of the fee at the time of registration.

### RSP Sports Fee

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

- Early Registration**      **May 21 – June 29**      **\$80**
- On-Time Registration**      **July 2 – Aug 17**      **\$90**

**Scholarship Program:**

If scholarship is applicable, subtract \$40 from Registration fee      **Minus Scholarship (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 20 – August 24  
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