



# Roseburg Sports Program 2019 Basketball Registration Form

1144 NE Cedar Street, Roseburg, OR  
Phone: 541-440-9505  
Fax: 541-440-9661  
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		T-Shirt Size (Circle One) Youth: S M L Adult: S M L XL	
Birthdate	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School	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>Sports Participation</b>		<b>Adult:</b>	
<input type="checkbox"/> Boys Basketball 3 <sup>rd</sup> /4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup>		<input type="checkbox"/> Coach	
<input type="checkbox"/> Girls Basketball 3 <sup>rd</sup> /4 <sup>th</sup> , 5 <sup>th</sup> , 6 <sup>th</sup>		<input type="checkbox"/> Assistant	
		<input type="checkbox"/> Team Parent	

<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 sports sponsorships</b>
Business Name: _____
Contact Person: _____ Phone: _____
<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 leagues 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 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"> <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 first game</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 \_\_\_\_\_

Does your family qualify for Free or Reduced Fee School lunch?     Yes     No

Ethnic Information (check all that apply):

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

### Scholarship Eligibility

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 \$40 towards basketball registration.

Please initial each statement:

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

\_\_\_\_\_ 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.

### 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).

- Early Registration (November 5 – November 21)      \$80
- On-Time Registration (November 26 – December 14)      \$90

**Registration Fee**

\$

### Scholarship Program:

If scholarship is applicable, subtract \$40 from Registration fee

**Minus Scholarship (if applicable)**

\$

**Total Due**

\$

### Payment

#### Method of Payment

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

Please complete the following if using credit card by mail:

Visa/Mastercard/Discover/American Express (circle one)

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. \_\_\_\_ / \_\_\_\_    CVV code \_\_\_\_\_

### For Office Use Only

Rcpt # \_\_\_\_\_    Initial \_\_\_\_\_    Date \_\_\_\_\_

- New RSP Member     Renewing RSP Member     Club Member
- Entered into Roster     Coach Copy