



Boys & Girls Lacrosse Club 2019 Registration Form

1144 NE Cedar Street, Roseburg, OR
Phone: 541-440-9505
Fax: 541-440-9661
E-mail: contactus@bgcuv.org
Website: www.bgcuv.org

Please print firmly using ink

Family Information				
Primary Parent/Guardian				
Mailing Address		City	Zip	
Home Phone	Cell Phone			
E-mail Address				
Other Parent/Guardian				
Home Phone	Cell Phone			
Player Information				
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	Age	Grade
Does your child have any medical problems or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Insurance Information				
All athletes 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 Boys & Girls Club sports programs.				
Emergency Contact		Relationship to player	Phone	
Sports Participation				
<input type="checkbox"/> Boys Lacrosse 5 th - 8 th grade <input type="checkbox"/> Boys or Girls Lacrosse 1 st - 4 th grade				

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"/> Please contact me about sports sponsorships:
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 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 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 <u>prior to the end of the first week of practice</u>. In the case that an injury prevents further participation a partial refund will be issued based on time in season and costs incurred. • No refund will be given after the first week of practice.
Parent/Guardian Signature _____ Date _____
Please continue on back of form – incomplete registrations will not be accepted

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 obtained by the Club 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 registration fee.

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 Boys & Girls Club to be given 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.

Spring Sports Program Fees

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

Registration February 11 – March 29

Boys Lacrosse 5th – 8th grade

- Registration \$120
Includes membership to U.S. Lacrosse

Boys & Girls Lacrosse 1st – 4th grade

- Registration \$90

Scholarship Program:

If scholarship is applicable,
subtract 50% from Registration fee

**Minus Scholarship
(if applicable)**

Total Due

Method of Payment:

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

If sending by mail or fax, please complete credit card info below:

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