

2023 Basketball Registration

Family Information:

| | | | | | | | |
|------------------------------|------------|-------------|-----|--------------------------------|------------|-------------|-----|
| Primary Parent/Guardian Name | | | | Other Parent/Guardian Name | | | |
| Mailing Address | City | State | Zip | Mailing Address (if different) | City | State | Zip |
| Cell Phone | Work Phone | Other Phone | | Cell Phone | Work Phone | Other Phone | |
| E-mail Address (Primary) | | | | E-mail Address (Primary) | | | |

Player Information:

| | | | | | |
|---|-----------|-------------------------------|--------|-------|-----|
| Player Name | Birthdate | Gender Male ___ Female ___ | School | Grade | Age |
| Ethnic Information: (Check all that apply) Caucasian/White ___ Asian ___ T-Shirt Size (Circle One) | | | | | |
| Hispanic ___ Native Hawaiian/Pacific Islander ___ African American ___ Other ___ Youth: S M L Adult: S M L XL | | | | | |

Household Information:

| |
|--|
| Living with: Both Parents ___ Mother Only ___ Mother & Step-Father ___ |
| Father Only ___ Father & Step Mother ___ Other ___ Numer of People in your Household ___ |

Insurance Information

| | | |
|---|--------------------------|-----------------------|
| If you don NOT have insurance coverage at this time you must obtain coverage befor registering your child to participaate in the Athletics Program. | Emergency Contact Person | Relationship to child |
| Insurance Name | Insurance Policy/ID# | Cell Phone |
| | | Other Phone |
| Does your child have any medical problems or allergies? Yes ___ No ___ | Emergency Contact Person | Relationship to child |
| If yes, please explain: | Cell Phone | Other Phone |

Parent/Guardian Consent to Participate

Please initial each statement:

___ I am the parent or legal guardian of the child named above and give permission for my child to participaate in the BGCUV Athletics Program 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 Athletics 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.

Refund Policy

Please initial each statement:

All refund requests are to be made to the Boys & Girls Club Office.

___ 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 first game. In the case that an injury prevents further participation, the partial refund will be issued based on time in the season and costs incurred.

___ **No refund** will be given if the refund is requested after the team's first game.

In the event a refund is given please choose from the following options:

___ Mail to the above address (if different notify the office) ___ Pick up in the office

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-mided businesses.

Please ask for sponsorship form

Business Name: _____

Contact Person: _____ Phone: _____

Volunteering

Coaches _____ Assistant Coach _____

Coaches are expected to have knowledge of the game, pass a criminal background check & be vaccinated or have an exemption. Please ask for the Volunteer Coaching Application.

Athletics Fee Office Use Only

In order to give you a discount on our programming, you must verify your family income by providing proof or have information on file within the last year.

Registration: October 31 - January 6

Scale A \$60 ___ Scale B \$75 ___ Scale C \$90 ___ Scale D \$100 ___

Office Use Only

OFFICE USE ONLY: Date/Time Rcvd: _____ Initials: _____

Cash ___ Credit Card ___ Check # _____ Rcpt. # _____ Scale: _____

New Member ___ Previous Member ___ BGCUV# _____



WAIVER AND ASSUMPTION OF RISK

I, _____ parent of _____, hereby fully waive and release The Boys & Girls Club of the Umpqua Valley (the Releasee), from any and all claims for personal injury, property damage, or loss of life that may result from my child(ren)s participation in the following physical activities: Co-Ed and non Co-Ed Boys & Girls Club of the Umpqua Valley Athletics programs.

I know that participating in strenuous activities is potentially hazardous. I assume all risk associated with my child playing in the event including, but not limited to, falls, cuts, bruises, broken bones, concussions, paralysis, contact with other participants, effect of the weather, the condition of the playing surface, and death, all facts being known and appreciated by me.

I hereby acknowledge and understand that there are dangers and risks associated with the activities described above, which have been fully explained to me. I hereby agree to abide by all rules, instructions, policies, and procedures imposed by the Releasee relating to the participation in the Boys & Girls Club of the Umpqua Valley Athletics programs.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while allowing my child(ren) to engage in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, event staff and volunteers, from and against any and all liability incurred as a result of or in any manner related to my child(ren) participation in the activities.

I hereby certify that I am the legal guardian of the child(ren) named above and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my child(ren), and any persons associated with me to the fullest extent while attending the event.

I hereby certify for myself, my heirs, executors, administrators or anyone else who might bring claims on my behalf, covenant not to sue, and waive release, and discharge the Boys & Girls Club of the Umpqua Valley Athletics program, Boys & Girls Club employees, volunteers, the Boys & Girls Club Board of Directors and any and all sponsors, including their agents, employees, assigns or anyone acting on their behalf, from any and all claims of liability for loss of life, person injury, or property damage of any kind or nature whatsoever arising out of or in the course of participation in this event. This release and waiver extend to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown.

____ (Please Initial) I hereby grant full permission to any and all for use of photographs, videotapes, motion pictures, recording or record of me or my likeness/ my child(ren) or likeness from any Boys & Girls Club of the Umpqua Valley Athletics games, tournaments or events.

____ (Please Initial) This release form grants consent to my child(ren) being examined or treated by a physician or EMS in case of emergency if I am not immediately present to make the decision.

I have read and understand the foregoing and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Legal Guardian Signature _____

Date _____