

Boys and Girls Club of Salem

Athletic Program Registration Form

Please Print:

Last Name: _____ First Name: _____

Gender: Male / Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____

Date of Birth: (month/day/year): _____/_____/_____ Age _____

Athletic Program (circle one):

Floor Hockey, **Indoor Soccer**, Club Basketball, **Sports Club**,
Spring Travel Basketball, **Gymnastics**

Any past experience in Boys & Girls Club athletics:

Family Volunteers: (if needed)

Name _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Volunteer Activity (circle) - Head Coach, Asst. Coach, Referee, Scorekeeper

Name _____

Relationship to Participant _____

Home Phone _____ Work Phone _____

Volunteer Activity (circle) - Head Coach, Asst. Coach, Referee, Scorekeeper

Special Notes or Considerations (i.e., car pools, certain coach, medical, etc.)

This does not guarantee placement on a particular team; the league will try to accommodate all requests.

Consent for Medical Treatment:

I give the Salem Boys and Girls Club permission to make whatever emergency measure as judged necessary for the care and protection of my child while under their supervision.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

Date: _____ Signature: _____

For BGCS Staff:

Amount paid: _____ Cash: _____ Check #: _____

Processed by: _____ Receipt #: _____

Date of Registration: _____

Balance Due /

Notes: _____

