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| **Charles C. Spalding Seasonal Sport Registration Form****Circle Selected Sport: VOLLEYBALL FOOTBALL BASKETBALL SOFTBALL**  |
| **Participant Information** |
| First Name | Last Name | Age | Date of Birth | Grade | Gender |
|   |   |   |   |   |   |
| **Parent/Legal Guardian Information** |
| First Name | Last Name | First Name | Last Name |
|   |   |   |   |   |   |
| Home Phone: |  | Home Phone: |  |  |
| Cell Phone: |  | Cell Phone: |  |  |
| Email: |  | Email: |  |  |  |
| **Emergency Contact Information** |
| Name: |  | Relationship: | Phone Number: |
| **Medical Information** |
| Medical Conditions | Medications | Allergies |
|   |   |   |   |   |   |
| **Registration Checklist:** |  |  |  |  |
| Registration Form with signed waiver (See Back) |  |  |
| BGCH Membership form (If not already a member) |  |  |
| Copy of birth certificate or picture ID with child's name and date of birth (If not already on file) |
| Program Fee- $15.00 ($10.00 for High School Youth) |  |
| My Child is already a current member of The Boys & Girls Club |  |  |
| **\*Registration packet due no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Space is limited.** |
| **Parent volunteers are welcomed and encouraged to coach and/or help with the team.** |  |
| **If you are interested please indicate below. Thank you!** |   |  |
| Coaching \_\_\_\_\_\_\_\_\_\_ | Assistant Coaching \_\_\_\_\_\_\_ |   |  |
|  \*Snacks will not be provided for away games. Please provide home lunch |  |
|   |   |   |   |   |  |



I, hereby allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the Sports League Program known as the Boys & Girls Club Travel Volleyball League. I understand that I am intended to be legally bound hereby for, and do assume any and all risk attendant to my child’s participation in this program(s). I, on behalf of my child, myself, my heirs, executers and administrators, hereby waive and release any rights and claims for personal injury or damage I may have against the Charles C. Spalding Boys & Girls Club of Hawaii, its agents, sponsors, officers and directors that exist now or that may acquire from my child’s participation in this program. I additionally agree that the use of his/her name and/or pictures in the broadcast, telecast, etc. arising out of participation in this event shall be allowed without charged, and should it be done, it has my full consent.

Player’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**In order to enforce the importance of academics, MIDDLE AND HIGH school youth MUST turn in a completed grade check to be on the roster. For youth who do not have at least a 2.5 GPA, they will be required to attend Power Hour at least 2 times per week in order to practice and play in the games. Youth can turn in an updated grade check at any point during the season.**

**Grade Check**

**Phone:** 942-5111 **Email:** tchung@bgch.com

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| **Period** | **Class** | **Current Grade** | **Behavior, Tardy, etc.** | **Teacher Signature** |
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