



BOYS & GIRLS CLUBS
OF THE ROGUE VALLEY

Sports Program Registration

Membership Year: September 1, 2013 – August 31, 2014

Club Location: Grants Pass Illinois Valley Talent

Member's Name: _____ DOB: _____ Age: _____

Boy Girl Address: _____

School: _____ Grade: _____ Phone: _____

Contact Person: _____ E-Mail: _____

T-Shirt Size: _____ Notes: _____

Program:

- Basketball Fall Flag Football Fall Volleyball
- Tackle Football Spring Flag Football Spring Volleyball Other: _____

REFUND POLICY: If it becomes necessary for us to cancel a program before it begins, if your child becomes sick or injured before a program begins, or if your family must leave Southern Oregon before a program begins, we will refund the membership & program fee. **CONSENT AND RELEASE:** As a parent/legal guardian of the child registered hereon, I give permission for the child's participation in this activity and agree to abide by the Boys & Girls Clubs of the Rogue Valley (BGCRV) rules of play. On behalf of my child, I voluntarily agree to assume all risks of participation, including transportation to and from activities; and waive, absolve and agree to hold harmless BGCRV, including organizers, directors, supervisors, sponsors, participants and persons transporting said child to and from activities, for any claim arising out of any injury to said child. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other BGCRV employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. I understand that BGCRV provides only a secondary Health Insurance coverage. I hereby give permission to have my child's name and/or photos released for advertising and/or website pertaining to BGCRV. I attest that the information provided above is accurate and true to the best of my knowledge and have been informed that knowingly falsifying registration content may result in sanctions against my child's participation in the Boys & Girls Clubs of the Rogue Valley. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of the Rogue Valley.

Parent/Guardian Signature: _____ **Date:** _____ **YES, I am interested in volunteering.**