



BOYS & GIRLS CLUB OF DENISON ATHLETICS

BOYS & GIRLS CLUB OF DENISON INDOOR SOCCER

Name of Player: _____

Age: _____ DOB: _____ Grade: _____ (Circle One) Boy or Girl

Parents/Guardians Name: _____

Address: _____ School Attending: _____

Primary Cell Phone: _____ Secondary Phone: _____

Email: _____

Shirt Size: YS YM YL YXL/AS AM AL AXXL (Circle one)

Emergency Contact: _____ Address: _____

Has your child participated in a Boys & Girls Club Event? YES or NO (Circle one)

REGISTRATION FEE \$40 JERSEY TOP WILL BE PROVIDED

Call 903/465/9008 for questions or information or Email bgdenisonsports@yahoo.com

GAMES WILL BE PLAYED ON SUNDAY AFTERNOONS

Registration Permission Form

The Boys & Girls Club of Denison nor any individual or organization assumes any responsibility for damage, injury, or other problems, which arise directly or indirectly from anyone's participation or involvement in anyway with this event/program. Having read and understood these conditions, the undersigned agree to participate in this event.

Furthermore

I, _____ am the parent/legal guardian of _____, who participates in a Boys & Girls Club of Denison program. I understand that from time to time the Club or its agents may photograph or for promotional purposes only (non-commercial purposes) and do hereby waive any and all claims for compensation to me or to my child for such photograph or videotapes. This grant and waiver shall be effective until withdrawn by me in writing and delivered to Boys & Girls Club of Denison Administration.

If you are interested in being a coach and can pass background check please check the box.

****STAFF MEMBER****
Initial & Date after payment received _____

