



Michiana Youth Sports League
presents the

2025 Teen Co-ed Travel Volleyball League
Ages 13-18*



Signups End February 20th

(league may be cancelled if not enough players sign up by the deadline)

Volleyball League Only: \$10

or

Volleyball League and Attend the Club After School: \$45

MYSL Teen Travel Volleyball Information

WHO: Teens, ages 13-18* who are currently not playing on their high school volleyball team. Participants are allowed to play on their junior high team and the MYSL league in the same season. *12-year-olds can play up as long as their skill level can match that of the 13–18-year-old skill level. The player and parent must note that the 12-year-old will be playing against other players upwards of 18 years old.

COST: Free for current club members. For new teens wanting to play in the volleyball league only, the cost is \$10 (please note that Club registration will still be required). For new teens wanting to play in the volleyball league and attend the club's Teen Center (at their respective site) the cost is \$45.

TYPE OF LEAGUE: This is a competitive league. We will have one co-ed (all genders) team. Our volleyball teams play in the Michiana Youth Sports League (MYSL), which is composed of other Boys & Girls Clubs and Youth Organizations throughout the Michiana area (Elkhart County, St. Joe County, and Marshall County). Bremen and Plymouth Clubs are part of one organization and will play as one team. Travel will be provided by the clubs for all practices and games as needed and necessary.

WHERE & WHEN: Volleyball League runs from mid-March through mid-May. Practices will be held at the Plymouth Site (unless we can reserve gym time in Bremen at the school). The games will be home (Plymouth) and away (surrounding Michiana area). Once we know we have a team, the game schedule and practice schedule will be made and sent out. If not, enough players sign up by the deadline, we may have to cancel the season for our organization and for those few who did sign up.

PRACTICES: Practice schedules will be given on the first of March. Dates, times, and location will be determined once the game schedule is completed (by MYSL agents).

REFEREES: We are always looking for experienced referees for our volleyball leagues. Please contact Bailey at the Plymouth Club at (574) 936-0660, if you or someone you know is interested.

REGISTRATION: Registration will be open until February 20th. We will need to turn in our final rosters on February 21st during the day to the league agents.

REGISTRATION FORMS: Club Registration Form and Volleyball Registration Forms will need to be completed by the February 20th deadline. Forms may be picked up at the Bremen and/or Plymouth Boys & Girls Club Sites, they can also be downloaded off our website www.bgcmco.org. Completed forms and payments (if any) should be handed in no later than 5:30pm on February 20th. For questions or information please contact Bremen (574) 546-3554 or Plymouth (574) 936-0660 club sites.

SPONSORS: The Club is recruiting businesses or service groups who will donate \$150 to sponsor one of our league teams. The sponsor's name/logo will be displayed on the team shirt, and the players will get to keep the shirts at the end of the season.



2025 MYSL Co-ed Travel Volleyball League Waiver & Release

I, _____ (parent/guardian printed name), hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Marshall County and the Michiana Youth Sports League and their representatives, successors, insurers, staff, and volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury, or death and any claim of damages resulting from participation in the 2025 MYSL Co-ed Travel Volleyball League, either at or away from Boys & Girls Clubs of Marshall County facilities, including transportation provided by the Boys & Girls Clubs of Marshall County.

I also give permission to the Boys & Girls Clubs of Marshall County to seek emergency medical treatment for my minor child, _____ (minor's printed name) if I cannot be reached. I will be responsible for all costs of medical attention and treatment.

Please list any special request(s) or important information to be aware of:

Parent/Guardian Signature: _____ Date: _____

Primary Emergency Contact Name and Phone Number: _____

Secondary Emergency Contact Name and Phone Number: _____

Parent/Guardian Volunteer Section

The Boys & Girls Club is always looking for dedicated, positive role models to volunteer their time to enhance the lives of Marshall County youth. Please fill in the following information if you would like to become a coach for this league, referee, or a general volunteer:

Name: _____ Phone: _____



BOYS & GIRLS CLUBS
OF MARSHALL COUNTY

Membership Fee

\$10 Annual Membership Fee + Fall/Sum/Spr Program Fees

*Program Fee Varies by site

*NO Refunds after each program periods begin!

2025 Membership Application

Spring 2025 (January-May): ___ New Member or ___ Renewing Member _____

Summer 2025 (June-July): ___ New Member or ___ Renewing Member _____

Fall 2025 (August-December): ___ New Member or ___ Renewing Member _____

PRIMARY CONTACT			
Role in Household	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other _____

First Name

Last Name

Email Address

Mobile Phone

Home Address

City

State

Postal Code

Employer

Work Phone

Military Status						
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	<input type="checkbox"/> Active Duty	Branch	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps
			<input type="checkbox"/> Reserve/Guard		<input type="checkbox"/> Army	<input type="checkbox"/> National Guard
			<input type="checkbox"/> Veteran		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy
Dept. of Defense ID #			Currently Deployed (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No			

2nd PRIMARY CONTACT			
Role in Household	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other _____

First Name

Last Name

Email Address

Mobile Phone

Home Address

City

State

Postal Code

Employer

Work Phone

Military Status						
Current / Former Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Status	<input type="checkbox"/> Active Duty	Branch	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps
			<input type="checkbox"/> Reserve/Guard		<input type="checkbox"/> Army	<input type="checkbox"/> National Guard
			<input type="checkbox"/> Veteran		<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Navy
Dept. of Defense ID #			Currently Deployed (or deployed within the next 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEMBER DETAILS			
Member Information			
First Name	<hr/>		
Middle Name	<hr/>		
Last Name	<hr/>		
Informal Name	<hr/>		
Primary Club	<hr/>		
Birthdate	<hr/>		
Authorization Pick-Up Password	<hr/>		
Is member allowed to walk home?	<input type="checkbox"/> Yes <input type="checkbox"/> No Member Shirt Size (ex. Youth Large or Adult Medium) <hr style="display: inline-block; width: 100px;"/>		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: <hr style="display: inline-block; width: 150px;"/>			
Racial / Ethnic Identity <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American </div> <div style="width: 30%;"> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or other Pacific Islander </div> <div style="width: 30%;"> <input type="checkbox"/> White <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other </div> </div>			
Foster Care <input type="checkbox"/> Yes <input type="checkbox"/> No			
School Lunch <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Free <input type="checkbox"/> Reduced </div> <div style="width: 45%;"> <input type="checkbox"/> Entire School is Free <input type="checkbox"/> Not Eligible </div> </div>			
School Information			
Grade (Spring)		Grade (Fall)	
School Name		School Name	
Teacher		Teacher	
Allergies			
Food Allergies <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Dairy/Lactose </div> <div style="width: 30%;"> <input type="checkbox"/> Soy <input type="checkbox"/> Gluten <input type="checkbox"/> Seafood/Shellfish </div> <div style="width: 30%;"> <input type="checkbox"/> Eggs <input type="checkbox"/> Other <hr style="display: inline-block; width: 100px;"/> </div> </div>			
Environmental Allergies <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Bee Stings <input type="checkbox"/> Pollen </div> <div style="width: 30%;"> <input type="checkbox"/> Dust <input type="checkbox"/> Mold </div> <div style="width: 30%;"> <input type="checkbox"/> Grass <input type="checkbox"/> Other <hr style="display: inline-block; width: 100px;"/> </div> </div>			
Medicine Allergies <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Penicillin <input type="checkbox"/> Aspirin </div> <div style="width: 30%;"> <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Other <hr style="display: inline-block; width: 100px;"/> </div> </div>			
Other Allergies <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Latex <input type="checkbox"/> Perfumes/Colognes </div> <div style="width: 30%;"> <input type="checkbox"/> Lotions <input type="checkbox"/> Other <hr style="display: inline-block; width: 100px;"/> </div> </div>			

Medical Information

BGCMCO is committed to providing youth an opportunity for full and equal enjoyment of the Club experience. Our goal is to learn as much as possible about our members to make any reasonable accommodation or support to ensure their success at the Club. If your child has any serious behavioral problems or special circumstances involving physical, medical, or psychological concerns, especially if they could cause harm to themselves, other members, staff or volunteers, the club director should be notified of this so reasonable accommodation can be considered.

Diagnosed Medical Conditions

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Oppositional Defiance Disorder |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other _____ |

Please list any other physical, mental or medical limitations.

Does the member use an inhaler?

☐ Yes ☐ No

Does the member use insulin?

☐ Yes ☐ No

Does the member use an EpiPen?

☐ Yes ☐ No

Does the member self-administer medication?

☐ Yes ☐ No

Does the member receive additional support in the school/community?

- ☐ Individualized Education Plan (IEP)
☐ 504 (accommodation)
☐ Speech Coach
☐ Meets with school or private counselor
☐ Other _____

Insurance

Insurance Carrier _____

Group Number _____

Member/Policy Number _____

AUTHORIZED CONTACTS

(Other than Parents or Primary Contacts)

Authorized Contact 1

Full Name _____

Phone _____

Mobile Phone _____

Work Phone _____

Emergency Contact ☐ Yes ☐ No

Relationship

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepdad |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Stepmom |

Authorized Contact 2

Full Name _____

Phone _____

Mobile Phone _____

Work Phone _____

Emergency Contact ☐ Yes ☐ No

Relationship

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepdad |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Stepmom |

Authorized Contact 3

Full Name _____

Phone _____

Mobile Phone _____

Work Phone _____

Emergency Contact ☐ Yes ☐ No

Relationship

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepdad |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Stepmom |

Authorized Contact 4

Full Name _____

Phone _____

Mobile Phone _____

Work Phone _____

Emergency Contact ☐ Yes ☐ No

Relationship

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Caseworker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepdad |
| <input type="checkbox"/> Neighbor | <input type="checkbox"/> Stepmom |

NON-AUTHORIZED CONTACTS

Please list any individuals that are restricted from picking up the member.

Non-Authorized Contact 1	Non-Authorized Contact 2
Full Name _____	Full Name _____
Phone _____	Phone _____
Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other	Relationship <input type="checkbox"/> Parent / Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Caseworker <input type="checkbox"/> Other
Start Date _____	Start Date _____
End Date _____	End Date _____

Please provide us with any court documents pertaining to custody issues or restraining orders.

Household Support			
Number of adults in household		Number of children in household	
Household Composition			
<input type="checkbox"/> Single Adult Household <input type="checkbox"/> Two + Adult Household <input type="checkbox"/> Self (emancipated / 18)	Who are the adults living in the household? (Check all that apply)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Step Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Other Relative(s) <input type="checkbox"/> Other Adult(s)

Assistance Programs	<input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Social Security	<input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> SSDI (Social Security Disability Insurance) <input type="checkbox"/> WIC (Women, Infants, and Children) <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> Veteran's Compensation <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other (please explain below) <input type="checkbox"/> Choose Not to Answer <input type="checkbox"/> None
Please describe other income sources:			

Housing Type	<input type="checkbox"/> Permanent (Own or Rent) <input type="checkbox"/> Public Housing <input type="checkbox"/> Group Home	<input type="checkbox"/> Foster Family <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Homeless
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Household Income Range	<input type="checkbox"/> \$0 - 10,000 <input type="checkbox"/> \$10,001 - 15,000 <input type="checkbox"/> \$15,001 - 20,000 <input type="checkbox"/> \$20,001 - 25,000 <input type="checkbox"/> \$25,001 - 30,000 <input type="checkbox"/> \$30,001 - 35,000 <input type="checkbox"/> \$35,001 - 40,000 <input type="checkbox"/> \$40,001 - 45,000 <input type="checkbox"/> \$45,001 - 50,000 <input type="checkbox"/> \$50,001 - 55,000	<input type="checkbox"/> \$55,001 - 60,000 <input type="checkbox"/> \$60,001 - 65,000 <input type="checkbox"/> \$65,001 - 70,000 <input type="checkbox"/> \$70,001 - 75,000 <input type="checkbox"/> \$75,001 - 80,000 <input type="checkbox"/> \$80,001 - 85,000 <input type="checkbox"/> \$85,001 - 90,000 <input type="checkbox"/> \$90,001 - 95,000 <input type="checkbox"/> \$95,001 - 100,000 <input type="checkbox"/> \$100,001 - 105,000	<input type="checkbox"/> \$105,001 - 110,000 <input type="checkbox"/> \$110,001 - 115,000 <input type="checkbox"/> \$115,001 - 120,000 <input type="checkbox"/> \$120,001 - 125,000 <input type="checkbox"/> \$125,001 - 130,000 <input type="checkbox"/> \$130,001 - 135,000 <input type="checkbox"/> \$135,001 - 140,000 <input type="checkbox"/> \$140,001 - 145,000 <input type="checkbox"/> \$145,001 - 150,000 <input type="checkbox"/> \$150,001 - 155,000	<input type="checkbox"/> \$155,001 - 160,000 <input type="checkbox"/> \$160,001 - 165,000 <input type="checkbox"/> \$165,001 - 170,000 <input type="checkbox"/> \$170,001 - 175,000 <input type="checkbox"/> \$175,001 - 180,000 <input type="checkbox"/> \$180,001 - 185,000 <input type="checkbox"/> \$185,001 - 190,000 <input type="checkbox"/> \$190,001 - 195,000 <input type="checkbox"/> \$195,001 - 200,000 <input type="checkbox"/> \$200,001+
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WAIVERS & RELEASES

Data Collection

I give my permission to the BGCMCO to collect information via online or written surveys, questionnaires, interviews and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club staff, BGCA, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. This release may be revoked at any time by contacting the BGCMCO in writing.

Medical

I give permission to the BGCMCO to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Technology

As a member of the Boys & Girls Club, our child may have access to the internet. While the Boys & Girls Club has rules prohibiting such conduct and precautions are taken by the Club to prevent such access, it is possibly your child may access inappropriate sites. The Boys & Girls Club will not be responsible for such unauthorized access.

Transportation

I give my permission to the Boys & Girls Clubs of Marshall County, Inc., to transport my child from their school to their Boys & Girls Club, if they are signed up on the transportation roster. I also give permission for my child to be transported from their Boys & Girls Clubs of Marshall County, Inc., facility to another Boys & Girls Clubs of Marshall County, Inc., and other local Boys & Girls Clubs via our vehicles, for the purpose of participating in Boys & Girls Clubs of Marshall County, Inc., activities, and programs.

Data Sharing

I give my permission to the BGCMCO to share information about the minor child listed on this application with BGCA for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by BGCMCO, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential.

Schools

I give my permission to the BGCMCO, to disclose to our community, public schools, and to the Indiana Department of Education, the United States Department of Education, and an IDOE contracted statewide evaluator, information including school registration, demographic data, assessment data, grades, attendance survey data, and free and reduced lunch status in order that the 21st CCLC project and other programs can be evaluated. I understand that all records and information are protected by FERPA, which governs the exchange of confidential information

Miscellaneous

I understand that the Boys & Girls Club is not responsible for lost or stolen items. Parents and BGCMCO members are responsible for their own transportation to and from the BGCMCO. As a drop in facility, Boys & Girls Clubs are not responsible for club members' whereabouts. I also understand that BGCMCO is not, nor does it claim to be a licensed daycare center. Each Club has the right to make membership decisions based on the resources and capacity of their facility and staff. BGCMCO reserves the right to decline the application, rescind the enrollment of, or suspend any youth that cannot successfully associate with other club members.

Press/Media

I give my permission for my child's picture, video image, or any other graphic depiction or likeness, to be used by BGCMCO, Boys & Girls Clubs of America and its affiliates or donors and acknowledge neither my child nor I will receive payment for same.

☐ Yes ☐ No

APPLICATION APPROVAL

By submitting this application, I hereby give my permission to this Boys & Girls Club organization to collect and share data for the minor child listed on this application with BGCA. Data will only be reported in the aggregate and will exclude all references to any individual response. All information provided to BGCA will be kept confidential.

I understand the BGCMCO has an open-door policy where members are allowed to come and go as they please. Should a member leave the Club, they will not be granted return access unless approved by the Club Director. We assume no responsibility for members who choose not to attend on a particular day or who choose to leave early.

I, the parent/guardian of the minor child listed on this application, on behalf of the minor child listed herein and for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Clubs of Marshall County (BGCMCO) and Boys & Girls Clubs of America (BGCA), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the Club.

Your signature below confirms that all information above is true and accurate.

Parent/Guardian Signature

Date



Transportation Waiver and Release

I, the undersigned, give my consent for the person(s) identified below; to be transported by the Boys & Girls Clubs of Marshall County and I will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/ activity.

Further, by signing below:

1. I will not hold the Boys & Girls Clubs of Marshall County (BGCMMCO), its officers, agents, employees, assigns, or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) during such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person(s) identified herein.
3. I authorize the Boys & Girls Clubs of Marshall County to obtain of its own choice, any emergency medical care that may become reasonably necessary for the person(s) in the course of such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility. If Boys & Girls Clubs of Marshall County personnel are unable to provide permission for emergency medical care, I authorize any professional and certified medical personnel to provide medical care to the participant(s) listed on this form.
4. I accept full responsibility and hereby grant permission for my minor child and/or children listed below to travel with the Boys & Girls Clubs of Marshall County.

Transportation Permission:

I _____ (printed full legal name) do hereby give permission for the person(s) identified below to ride in the Boys & Girls Clubs of Marshall County insured vehicles driven by an approved and licensed Boys & Girls Clubs of Marshall County employee.

Transportation Safety:

All children transported by the Boys & Girls Clubs of Marshall County must adhere to all safety rules. Children must remain seated, wear their mask for the duration of the trip, practice social distancing if able, wear seatbelt (if required by vehicle), and always follow staff's directions. Due to our safety requirements, any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles. I am fully aware of and accept the special dangers and risks inherent in the operation of a motor vehicle, including physical injury, death, or other consequences that may arise or result directly or indirectly from operation of a motor vehicle. Being fully informed as to these risks and in consideration of the privilege of the student participating in the activity described above, I hereby allow him/her to assume all risk of injury or liability and shall hold harmless, and waive any right of recovery from or to bring suit against the Boys & Girls Clubs of Marshall County, Inc. I hereby WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which may arise out of or relate to my child's participation in the field trip, except for the sole negligence of the Boys & Girls Clubs of Marshall County, Inc.

Printed First & Last Name(s) of Participant(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Additional Emergency Contact Name: _____ Emergency Phone #: _____

Allergies/Medical Conditions to be Aware of: _____

Legal Parent/Guardian Signature: _____ Date: _____

Acknowledgment Form

For the Membership Registration Packet to be complete all parents/guardians and prospective club members enrolling in the Boys & Girls Clubs of Marshall County must read and understand all the information provided in the Parent Information Handbook, especially information regarding:

- Club Locations & Hours
- COVID Liability Waiver
- Membership Requirements & Expectations
- Behavioral Policy
- Club Code of Conduct

A copy of the handbook is available at the Front Desk for you to review. You may also view it online at bgcmco.org.

By signing this document, I am acknowledging that I, the parent/guardian, have read the Parent Information Handbook and agree to comply with the expectations, requirements, and policies outlined within. I have reviewed these policies and procedures with my child(ren).

Child(ren) Name(s): _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____ Date: _____