

SPORTS REGISTRATION FORM Basketball ** Volleyball ** Flag Football

****NO REFUNDS SHOULD MY CHILD VOLUNTARILY RESIGN FROM THE PROGRAM****

\$65.00 Includes Shirt, Sports and one month membership Fee

BGCW -M # _____ REGISTERED BY: _____ BIRTH CERT. VERIFIED BY: _____

Receipt# _____ **Check#** _____ **Cash** _____

First Name _____ **M.I.** _____ **Last Name** _____ **M/F** _____ **AGE** _____

Date of Birth _____

Address _____ **City** _____ **Zip Code** _____ **Parents Name & Cell #** _____

School _____ **Grade** _____

Open / Select Coach: _____

Email: _____

REC / Draft League: _____

Please Check One 3/4 _____ 5/6 _____ 7/8 _____ 9/10 _____ 11/12 _____ 13/14 _____

Volleyball 7-9 _____ 10-12 _____ **Shirts Size** _____

Coaches must pass the background Check and Can Form Their Own Team

Players Can Play Up & Not Down In Age Division

I, (Parent) _____ for myself, my (Child) _____, my heirs and administrators, waive and hereby release and discharge the Boys & Girls Club of Weslaco its directors, officers, employees, agents or volunteers from any and all claims caused by the negligence of the BGC of Weslaco programs, including but not limited to any and all injuries suffered by me or my child while traveling to and from or while participating or volunteering in a BGC of Weslaco program.

I hereby certify that I or my child has no physical defects that would prevent us from participating in the program. I hereby specifically agree that the BGC of Weslaco, its directors, officers, employees, agents or volunteers are under no obligation to provide a physical examination or other evidence of my fitness or my child's fitness to participate in such program, the same being my sole responsibility.

Parent's Signature _____ **Date** _____

Please check and provide information below only if you are interested in: **Head Coach** _____ **or Asst. Coach** _____

Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Cell** _____ **Email** _____