

	PARENT / GUARDIAN'S NAME:	
	ADDRESS:	TOWN:
	PHONE NUMBER:	EMAIL:
	MEDICAL CONCERNS:	·,
1.	I hereby verify that my child is in normal healt Boys & Girls Club. I assume all risk and hazar	th and capable of safe participation in youth sports program
	•	· · ·
2.	Girls Club to obtain medical treatment for my	child in the event that parents/guardian cannot be reached.



米



League will run from January 22nd – March 13th When: Wednesday & Thursday Cost: \$10/members, \$20/non-members

Leagues: 4th - 8th grade

Times: $3:00, 3:30 6^{th} - 8^{th}$ grade

4:00, 4:30 4th - 5th grade

The registration deadline is Friday, January 17th

Various dodgeball games will be played. Come dip, duck, dive, and dodge!

Registration Form

CHILD'S NAME:	DOB:	GRADE:	AGE:
PARENT / GUARDIAN'S NAME:			
ADDRESS:		TOWN:	
PHONE NUMBER:	EMAIL:		
MEDICAL CONCERNS:			

1. I hereby verify that my child is in normal health and capable of safe participation in youth sports program at the Boys & Girls Club. I assume all risk and hazards incidental to the conduct of this program. I authorize the Boys & Girls Club to obtain medical treatment for my child if parents/guardian cannot be reached.

2. I support the Boys & Girls Club philosophy which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, and volunteer leadership.

Signature of Parent/Guardian: Date:
