



BOYS & GIRLS CLUB
OF TRUCKEE MEADOWS

Entered by: _____ Date Entered: _____ ID#: _____

Sports League (\$20 Annual Membership: June 1-May 31)

Site: _____ Membership Group: **Sports Group**

MEMBERSHIP APPLICATION 2020

Member Information: *Membership is available to children 6-18 years old* Status: []New Member []Renewing

Please List Any Other Club Members in the Household: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Gender: []Male []Female School (2019-2020): _____ Grade: _____

Race/Ethnicity: []Asian/Pacific Islander []Black/African American []Native American []White []Latino/Hispanic []Other/Mixed

Household Type: []Both Parents []Single Mother []Single Father []Alternate Custody []Other Family []Foster Family []Group Home

Total Family Size: _____ Annual Income: _____

Please list any allergies or medical concerns your child may have: _____

Parent/Guardian Information

Last Name: _____

First Name: _____

Female Male

Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____

Email: _____

Parent/Guardian Information

Last Name: _____

First Name: _____

Female Male

Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____

Email: _____

Pick-Up/Emergency Contacts (other than Parent/Guardian)(18+)

Name: _____ Phone: _____ Relationship to member: _____

Name: _____ Phone: _____ Relationship to member: _____

WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my child(ren)'s participation in Boys & Girls Club Sports/Activities programs, I hereby fully waive, release, and hold harmless the Boys & Girls Club of Truckee Meadows, together with all its agents, employees, representatives, officers, and directors from any and all claims, causes of action, damages, costs, expenses, and other liabilities in any way arising out of or resulting from such participation, including, but not limited to, any personal injury, accident, illness, property damage, or any other loss, injury, or harm whatsoever. I attest and verify that I have full knowledge of any and all risks involved in such participation, and that I will, on behalf of the named member(s), assume full responsibility for such risks and pay any and all medical, emergency, and other costs and expenses in the event of injury, accident, illness, casualty or other incapacity regardless of whether I have authorized such expenses. I acknowledge that my child(ren) is/are in good health, physically fit, and sufficiently trained to participate in membership and in the Boys & Girls Sports/Activities program.

ACKNOWLEDGMENT AND CONSENT: For both internal and external use, I acknowledge that the Boys & Girls Club and/or its sponsors may utilize photographs of the named child(ren) that may be taken during involvement in Boys & Girls Club activities for publications and the Club's website use. Their last names will never be mentioned in these pictures. I consent to such uses and hereby waive all rights of compensation.

EMERGENCY AUTHORIZATION: I, the undersigned, as a parent/guardian of the named minor child(ren), hereby authorize the staff of the Boys & Girls Club and its affiliates, to consent to medical, surgical, dental examination, or treatment and/or care at any hospital or by licensed medical personnel.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES OF THE BGCTM SPORTS/ACTIVITIES PROGRAM AS DESCRIBED ABOVE.

(Date) (Parent / guardian signature) (Printed name) I'd like to Coach _____

Entered by: _____ Date Entered: _____ ID#: _____ Amt. Paid: _____ Signed?

ACTIVITIES REGISTRATION

**2020 ALL STAR SUMMER BASKETBALL CLINIC
K-1st/2nd Grades, Monday/Wednesday 6:00p - 7:00p**

Player Information (One Form per Child):

First Name: _____ Last Name: _____ School: _____

Grade: ____ Age: ____ Gender: []Male []Female **Cost: Non-member, \$70 (Includes BGCTM Membership fee)
Member, \$50**

**2020 ALL STAR SUMMER BASKETBALL CLINIC
3rd-6th Grade Girls, Monday/Wednesday 7:00p - 8:00p**

Player Information (One Form per Child):

First Name: _____ Last Name: _____ School: _____

Grade: ____ Age: ____ Gender: []Male []Female **Cost: Non-member, \$70 (Includes BGCTM Membership fee)
Member, \$50**

**2020 ALL STAR SUMMER BASKETBALL CLINIC
3rd-6th Grade Boys, Tuesday/Thursday
3rd/4th Grade 6:00p – 7:00p, 5th/6th 7:00p - 8:00p**

Player Information (One Form per Child):

First Name: _____ Last Name: _____ School: _____

Grade: ____ Age: ____ Gender: []Male []Female **Cost: Non-member, \$70 (Includes BGCTM Membership fee)
Member, \$50**