

## MUKILTEO BOYS & GIRLS CLUB SPRING 2019

### High School Flag Football Registration

**Registration: Monday February 4th - Friday March 8th.**

**Cost: Individual Sign-up: \$100 • Team Sign-up: \$750**

**(Team roster is not closed until filled with 10 players)**

**GEAR:** All players **MUST** wear mouth guards for every game and practice.

**FORMAT:** Teams are formed by both **TEAM** and **INDIVIDUAL** Signups. The High School division may be split into 9th/10th Grade and 11th/12th Grade divisions. Coaches will contact players once rosters are formed.

**GAMES:** 8-game season with games played on Saturdays. Games will begin April 13th and end June 8th.

I would like to donate an additional \$ \_\_\_\_\_ to support the scholarship program at the Mukilteo Boys & Girls Club.

Complete the registration form & drop off or mail it with payment to: Mukilteo Boys & Girls Club 10600 47th Place West, Mukilteo, WA 98275 or register and pay with credit card by phone: (425) 355-2773 M-F 12pm - 8pm.

Any questions contact Teyvn Stevenson at [tstevenson@bgcsc.org](mailto:tstevenson@bgcsc.org).

## 2019 SPRING HIGH SCHOOL FLAG FOOTBALL REGISTRATION\*

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Gender:  M  F

Birth date: \_\_\_\_\_ Player's Grade: \_\_\_\_\_ School: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ethnicity:  African American  American Native  Asian  Caucasian  Pacific Islander  Multi-Racial  Hispanic/Latino  Other

Coaches name: \_\_\_\_\_

My child would like to play with the following friends: \_\_\_\_\_

Shirt Size (check one): **Youth:** YS YM YL YXL **Adult:** AS AM AL AXL AXXL

Yes! I would like to be a part of my child's team by volunteering as coach:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Registration is not complete until payment is made.

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Payment amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_

## Mukilteo Boys & Girls Club

10600 47th Place West, Mukilteo, WA | 425-355-2773 | [www.bgcsc.org](http://www.bgcsc.org)

# Annual Membership Registration Form



**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.** Please make sure to fill out this form in its entirety.

## Child's Information

Name: \_\_\_\_\_ Gender: Male  Female   
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Eligible for Free or Reduced School Lunch: Yes  No   
Ethnicity/Race: African American  American Native  Asian  Caucasian  Pacific Islander   
Multi-Racial  Other  Also Hispanic/Latino: Yes  No

## Primary Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Other Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Household Information

Household Size: \_\_\_\_\_ Household Type: Both parents  Single Parent (Mother)  Single Parent (Father)  Grandparents  Guardian/Other   
Family Annual Income: \$0 to \$16,600  \$16,601 to \$18,700  \$18,701 to \$20,750  \$20,751 to \$22,450  \$22,451 to \$24,100   
\$24,101 to \$25,750  \$25,751 to \$27,400  \$27,401 to \$27,650  \$27,651 to \$31,100  \$31,101 to \$34,550  \$34,551 to \$37,350   
\$37,351 to \$40,100  \$40,101 to \$42,850  \$42,851 to \$45,650  \$45,651 to \$48,120  \$48,121 to \$51,420  \$51,421 to \$54,780   
\$54,781 to \$55,300  \$55,301 to \$59,750  \$59,751 to \$64,150  \$64,151 to \$68,600  \$68,601 to \$73,000  \$73,001 +

## Medical Information

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies/Medical Concerns: \_\_\_\_\_

## Emergency Contacts

First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile   
First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile

**Terms & Conditions:** I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. **I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare or summer camp program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County.** The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Received By: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ On: \_\_\_\_\_ Input into KidTrax: \_\_\_\_\_

Membership Type: Full  100% Scholarship  75% Scholarship  50% Scholarship  25% Scholarship