

MUKILTEO BOYS & GIRLS CLUB SPRING 2019

Volleyball Registration

REGISTRATION: Monday, February 4th - Friday, March 8th

COST: Volleyball Grades 3 - 12 co-ed: \$140 • Volleyball Clinic (Grades 1-2 co-ed): \$80

MEMBERSHIP: Be sure to fill out a current membership form found on the back of this form.

GEAR: Athletic attire, elbow and knee pads recommended.

FORMAT: Teams are formed by grade and if possible, location. Teams are co-ed and are separated by grade as follows: 3rd & 4th, 5th & 6th, 7th & 8th and 9th-12th. Coaches will contact players once rosters are formed.

PRACTICES: Twice weekly

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 Tevyn Stevenson at tstevenson@bgcsc.org.

2019 SPRING VOLLEYBALL 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 (not guaranteed): _____

My child would like to request the following coach (not guaranteed): _____

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: coaching sponsoring

Name: _____ Phone: _____ Email: _____

*Registration is not complete until payment is made.

For Office Use Only

Payment amount: _____ Receipt number: _____

Mukilteo Boys & Girls Club

10600 47th Place West, Mukilteo, WA | 425-355-2773 | www.bgcsc.org

The Mukilteo School District does not sponsor or endorse the activity and/or information contained in this material

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: _____

For Office Use Only

Received By: _____ Fee: _____ Paid: _____ On: _____ Input into KidTrax: _____

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