

# GREAT FUTURES START HERE.



**BOYS & GIRLS CLUBS  
OF THE BIG PINES**

P.O. Box 2041 Marshall, TX 75671  
(903) 935-2030 www.BeGreatEastTexas.com

## Sports Registration Form

<b>Sport:</b> Fall NFL Youth	KickIt Soccer
Jr. NBA	Spring NFL Youth
Other _____	Year _____

Print Participant's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*All team selections are done in a draft format. Only direct siblings will be guaranteed the same team upon the parents request. A \$25 fee will apply to ALL players that withdrawal from the league, including scheduling conflicts. NO REFUNDS will be issued after the draft date. Please consider this before completing registration.

<b>For office use only:</b>	
Date Received:	_____
CA\$	_____
CK\$	_____
CK#	_____
Processed:	_____
	Date Int

A \$25 fee will apply to ALL withdrawals. PLEASE NOTE NO REFUND DATES ABOVE

Did player participate in this league last season: Yes No

If yes, please rate your overall league experience: 1 2 3 4 5  
Worst Best

Can we contact you about: Coaching Sponsorship

### EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Specific medical allergies, conditions, medicines, or special needs: \_\_\_\_\_

**Registrations WILL NOT be processed without a signed 'Expectations of Parent/Player Behavior' Form on the back of this document. Complete BOTH forms and return by mail or drop off with signature and payment for registration to be processed**

# Expectations of Parent & Player

It is the intention of the BGCBP sports programs to provide children in our community the opportunity to play sports in a positive environment.

**We ask for your full cooperation in the following ways:**

- Spectators shall be cooperative and respectful to BGCBP staff.
- Spectators shall be cooperative and respectful to referees.
- Profanity or other aggressive behavior will not be tolerated.
- Please respect facilities; no outside food or drink in the gym and dispose of any trash.
- Display good sportsmanship. We support a program that builds character for the children of our community
- Direct all questions/complaints to the Sports Director: [teendirector@bgcbp.com](mailto:teendirector@bgcbp.com)

**I have read and agree to support the BGCBP Sports Program Expectations of Parental/Player Behavior. I fully understand that the consequences for not abiding to the above expectations can result in penalties which could include removal of your child from the program.**

**Print Parent's Name:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**Child's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REFUND POLICY

- Due to the administrative work necessary for creating teams and preparation for draft day, a \$25.00 withdrawal fee applies to all refunds submitted prior to refund cutoff date.
- Please submit your request to withdraw by email to [teendirector@bgcbp.com](mailto:teendirector@bgcbp.com) or by mail to:
  - Boys & Girls Clubs of the Big Pines, P.O. Box 2041 Marshall, TX 75671
- Absolutely NO REFUNDS will be issued after draft day.

**Initial that you understand the refund policies:** \_\_\_\_\_

## WAIVER & RELEASE OF ALL CLAIMS

**Waiver of Liability & Disclaimer:** In consideration of my child's participation in the sports programs of *the Club*, on behalf of me and my child and any heirs or assigns of me or my child, waive, release, and agree to defend and hold harmless the Boys & Girls Clubs of the Big Pines, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any Club-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in participation of the sports programs and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of the Club.

**Emergency Authorization:** I, the undersigned, as parent/guardian of my child, hereby authorize the staff of the Club, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Boys & Girls Clubs of the Big Pines ■ PO Box 2041 ■ 1500 Positive Place ■ Marshall, TX 75671**  
**(903) 935-2030      1-(888) 479-KIDS (fax)      [www.BeGreatEastTexas.com](http://www.BeGreatEastTexas.com)**