



Snohomish
Boys & Girls Club



SPRING Volleyball



Co-Ed Leagues Available.

3rd, 4th, 5th, 6th, 7th & 8th grade

Games will be Saturdays starting April 4th. There will be one to two practices per week that will start the week of March 23rd. Leagues may be combined with other Snohomish County Boys & Girls Clubs.

Registration Information

Registration Dates: MONDAY, 1/26/09 to FRIDAY 3/20/09

Location: Snohomish Boys & Girls Club

Time: 1pm to 6:30pm

League Fee: \$80

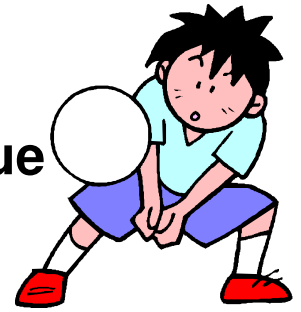
Contact Information

Jim Garcia, Athletic Director
Snohomish Boys & Girls Club
360-568-7760
jgarcia@bgcsc.org

Volunteers Needed!

Coaches, Referees
&
Team Sponsors!

The Snohomish School District has agreed that this information can be distributed through its schools. The district however, does not assume sponsorship of or responsible for the actual content of any of the activities offered.



2009 Co-Ed Spring Volleyball League

Grades: 3 – 8th, Registration Form

Last Name _____ First Name _____ Phone _____
 School _____ Grade _____ Age _____ Birth Date _____ Gender _____
 Guardian's)Name _____ Email _____
 Address _____ City _____ ZIP _____
 My Child would like to play with the following friends: _____
 My Child would like to play for the following coach: _____
 Other Requests (practice days/times): _____

****Requests** will be looked at but are not guaranteed. We will do our best to accommodate requests on a first come basis.

******* Sign-ups are taken on a first come / first serve basis. Teams will be assigned 8-10 players

- YES, I am interested in being a part of my child's team by: Coaching _____ Assistant Coaching _____
Sponsoring _____
- In case of an Emergency and Guardian cannot be reached, please provide:
- Emergency Name _____ Phone _____
- **T-Shirt Size:** Youth: M L Adult: S M L XL
- **Fees:** \$80 per volleyball registration. Players are eligible for a full sports refund if requested before the first game. Partial refunds will be issued if requests are made after the first game is played.

TO WHOM IT MAY CONCERN:

I declare that I am the parent or legal guardian of _____, a minor, age _____, 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 Club 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 Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my 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 above listed phone. In case I cannot be reached in an emergency, medical treatment as described above may proceed without further authorization. I understand the "open door" policy which allows children to come and go as they please. 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 program. I hereby give permission for a photo of 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.

Signed _____ Date _____
 (Parent or Guardian)

Zero Tolerance Policy

- Any person will be banned from Snohomish Boys & Girls Club activities indefinitely for displaying the following behaviors:
- Physical violence
- Use of drugs, alcohol or tobacco on Club or school property
- Verbal abuse toward anyone



Amount Paid: _____ Receipt Number: _____ Date: _____ Initial: _____