

Boys & Girls Club of Dudley-Webster Skillz Football Registration Form

Players Name: _____

Home Phone:_____

Address: _____

Date of Birth:

Parent/Guardian's Name: _____

Work Phone: _____

Email address:

Cell Phone:

PLEASE CIRCLE PROPER CHOICES BELOW

Boy Girl **Age:** 6 7

Player shirt size: Youth Small
Youth Large

Youth Medium
Adult Small

My child has medical restrictions which their coach should be aware of. Yes _____ No _____
(Asthma, epilepsy, diabetes, etc.) If yes, please explain _____

INSURANCE WAIVER

I have insurance that covers my child to participate in Boys & Girls club of Dudley-Webster Skillz Football program.

Insurance Company Name _____. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Youth football Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the football program. I further agree to waive all liability of the Boys & Girls club of Dudley-Webster football Program, its representatives, employees, managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the football program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Football Program, its agents and specifically including any defects in the condition of the property of the Football Program or the condition of its maintenance. I consent (yes ____ or no____) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Football Program for my child's participation, and that each player will be responsible for them self, his insurance and their equipment. I acknowledge that I have freely and voluntarily entered into this agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in Boys & Girls club of Dudley-Webster Football Program.

Date:

Signature of Parent or Legal Guardian

Registration Due: September 20th

For Office Use Only:

Amount:

Cash Check Charge

Check #

Date _____

Staff Signature _____

Photography Release Form

My child has permission to be used in public relation materials for the Boys & Girls Club of Webster-Dudley and partner organizations or companies associated with the Club (includes but is not limited to having his/her photo or name in newspapers, newsletters, Club website, YouTube, Club's Facebook page, and Club's Twitter page).

Yes _____ No _____

Name (please print) _____

Signature _____

Date _____

NOTICE

YOUR CHILD(REN) WILL NOT BE CONSIDERED REGISTERED UNTIL WE RECEIVE A PAYMENT. As a result, he or she is ineligible for participation until fees are paid for. If you do not pay by the registration date, there will be a \$5 late fee for registration.

For further questions or comments, please contact

Brianna Millett
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