

# Boys & Girls Club of Western Broome Family Center

One Clubhouse Road  
Endicott, New York 13760  
Phone: (607) 754-0225

\*\* Current 2019 Youth membership required for all youth programs  
(\$20.00 good only during sports programming)\*\*

## SPRING YOUTH SPORTS PROGRAMS

Registration begins February 11th, 2019 until April 21st, 2019  
Or until programs are filled – Volunteer Coaches are needed

### Spring Soccer Leagues:

**Fee: \$ 22 members only**

Co-ed league for children 4-6 and 7-10 Games played on Saturdays 10:00 a.m. at Mersereau Park.  
Practice/games begin May 4th. Season will run until June 21st, 2019. Coaches will notify player prior to first practice. Shin guards are required.

<b>Child's Name:</b>		<b>2019 Member. #:</b>	
<b>Address:</b>		<b>Age:</b>	
<b>City, State, Zip Code:</b>			
<b>Home Phone Number:</b>		<b>Gender:</b>	<b>Date of Birth:</b>
<b>Father's Name:</b>		<b>Work Phone #:</b>	
<b>Mother's Name:</b>		<b>Work Phone #:</b>	
<b>Emergency Name:</b>		<b>Phone:</b>	<b>Relationship:</b>

I hereby give my permission for my son/daughter \_\_\_\_\_ to participate in the following sport \_\_\_\_\_. I understand that there are risks involved in participating in this sport, and I accept those risks for my child. I will not hold the Club, its staff, coaches, or volunteers responsible for any accidents/injury/theft that may be incurred while participating in the sport. My son/daughter are to the best of my knowledge, physically fit to participate in this activity. I grant my permission for the Boys & Girls Club, its staff, coaches, or volunteers to secure any emergency medical care necessary for the duration of the sport season.

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Date**

**E-Mail:** \_\_\_\_\_ (Please provide for Club/coaches to contact you.)

**Insurance Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Volunteers Needed To:** Coach \_\_\_\_\_ Assist \_\_\_\_\_ **Officiate** \_\_\_\_\_

**Volunteers Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_