



SCOTT COUNTY BOYS & GIRLS CLUB
2018 Basketball Registration
5th & 6th Grade

Name _____ Age _____ Grade _____
Gender M or F
Address _____ Date of birth _____
Telephone _____ Parent (work) _____
Email _____

Family Physician _____

Emergency Contact _____ Phone _____

E-Mail _____

Shirt Size _____ (please specify adult or youth size)

Registration Fee: \$25.00 per member, \$45 family maximum (additional \$10 membership fee if not currently an active member of Scott County B&GC).

I give permission for my child to participate in the Scott County B&GC basketball program.

I hereby give my consent for the Scott Co. Boys & Girls Club to use my child's photograph and likeness to be used in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child I am enrolling.

Parent signature _____ Date _____

Please list any information we should be aware of (medical problems/conditions, allergies, medications, etc.) _____

MEDICAL RELEASE

Permission is given to any available physician, or member of hospital staff to perform emergency treatment and procedures for the above named child as deemed necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss him or engage another physician. This permission includes admission to a hospital if the attending physician deems it necessary.

Parent or guardian signature _____ Relationship _____ Date _____

Would you like to volunteer to help on your child's team? Yes _____ No _____