



**IMAGINE  
THE IMPACT**

## EDMONDS BOYS & GIRLS CLUB SPRING 2020 Volleyball Registration

**REGISTRATION:** January 20 - March 9\* • **PRE-SEASON JAMBOREE:** March 28th  
**COST:** Volleyball Grades 1-2: \$90 • Volleyball Grades 3-12: \$140

**GEAR:** Athletic attire, elbow and knee pads recommended.

**FORMAT:** Teams are formed by grade and if possible, location. Teams are co-ed and are separated by grade as follows: 3rd & 4th, 5th & 6th, 7th & 8th and 9th-12th. Coaches will contact players once rosters are formed.

**PRACTICES:** Begin the week of March 16th.

**GAMES:** Games will begin April 18th.

I would like to donate an additional \$ \_\_\_\_\_ to support the scholarship program at the Edmonds Boys & Girls Club.

Complete the registration form & drop off or mail it with payment to: Edmonds Boys & Girls Club, 310 6th Ave N, Edmonds, WA 98020, or register and pay with credit card by phone: 425-774-0630, M-F 6:30pm - 6:30pm.  
Any questions contact Evan Towle at etowle@bgcsc.org.

### 2020 SPRING VOLLEYBALL REGISTRATION\*\*

First Name: \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Player's Grade: \_\_\_\_\_ Player's Age: \_\_\_\_\_ School: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Last: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Ethnicity:  African American  American Native  Asian  Caucasian  Pacific Islander  Multi-Racial  Hispanic/Latino  Other  
 Coaches name: \_\_\_\_\_  
 My child would like to play with the following friends (not guaranteed): \_\_\_\_\_  
 My child would like to request the following coach (not guaranteed): \_\_\_\_\_  
 Shirt Size (check one): **Youth:**  YS  YM  YL  YXL **Adult:**  AS  AM  AL  AXL  AXXL  
 Yes! I would like to be a part of my child's team by: coaching  sponsoring   
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\* Late fee may be charged after the 9th. \*\* Registration is not complete until payment is made.

#### For Office Use Only

Payment amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_

**Edmonds Boys & Girls Club**

310 6th Ave N, Edmonds, WA | 425-774-0630 | www.bgcsc.org

# Boys & Girls Club Code of Conduct



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.

## I WILL...

- Demonstrate good sportsmanship to my child by being positive in my comments towards coaches, referees and players on both teams, including using appropriate language.
- Insist on a tobacco, drug and alcohol free environment for my child and refrain from their use at sporting events.
- Consider the effort of my child more important than winning the game. At these young ages skill levels are varied and personal growth needs to be noticed and commented on in order to raise the confidence of each child.
- Recognize that mistakes happen as part of the game. In order to grow in ability children need to try a new skill, often unsuccessfully at first.
- Remember that the referees may be teenagers who will make mistakes in calling the game.
- Provide my child with transportation to games and practices and be on time.
- Take responsibility for all the children (siblings and others) under my supervision during games and practices.
- Read and abide by the Zero Tolerance Policy. (see below)
- REMEMBER THAT THE GAME IS FOR THE CHILDREN AND NOT FOR THE ADULTS.

## Zero Tolerance Policy

Any person will be banned from Snohomish County Boys & Girls Club activities indefinitely for displaying the following behaviors:

1. Physical violence
2. Use of drugs, alcohol or tobacco on Club or school property
3. Verbal abuse toward anyone

**(1)(a)** Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The centers for disease control and prevention estimates that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

**(b)** Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

**(c)** Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater injury and even death. The legislature recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the state of Washington.

**(2)** Each school district's board of directors shall work in concert with the Washington interscholastic activities association to develop the guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.

**(3)** A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.

**(4)** A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer. A volunteer who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

**(5)** This section may be known and cited as the Zackery Lystedt law

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Annual Membership Registration Form



Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.** Please make sure to fill out this form in its entirety.

## Child's Information

Name: \_\_\_\_\_ Gender: Male  Female   
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Eligible for Free or Reduced School Lunch: Yes  No   
Ethnicity/Race: African American  American Native  Asian  Caucasian  Pacific Islander   
Multi-Racial  Other  Also Hispanic/Latino: Yes  No

## Primary Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Other Parent/Guardian Information

Name: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Veteran or active member of the U.S. Military? Yes  No  Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

## Household Information

Household Size: \_\_\_\_\_ Household Type: Both parents  Single Parent (Mother)  Single Parent (Father)  Grandparents  Guardian/Other   
Family Annual Income: \$0 to \$16,600  \$16,601 to \$18,700  \$18,701 to \$20,750  \$20,751 to \$22,450  \$22,451 to \$24,100   
\$24,101 to \$25,750  \$25,751 to \$27,400  \$27,401 to \$27,650  \$27,651 to \$31,100  \$31,101 to \$34,550  \$34,551 to \$37,350   
\$37,351 to \$40,100  \$40,101 to \$42,850  \$42,851 to \$45,650  \$45,651 to \$48,120  \$48,121 to \$51,420  \$51,421 to \$54,780   
\$54,781 to \$55,300  \$55,301 to \$59,750  \$59,751 to \$64,150  \$64,151 to \$68,600  \$68,601 to \$73,000  \$73,001 +

## Medical Information

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies/Medical Concerns: \_\_\_\_\_

## Emergency Contacts

First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile   
First/ Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_ Home  Mobile

**Terms & Conditions:** I declare that I am the parent or legal guardian of the minor listed above. 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 the Boys & Girls Clubs 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 Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any 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 listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. 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 or summer camp program. I hereby give permission for a photo or 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Received By: \_\_\_\_\_ Fee: \_\_\_\_\_ Paid: \_\_\_\_\_ On: \_\_\_\_\_ Input into KidTrax: \_\_\_\_\_  
Membership Type: Full  100% Scholarship  75% Scholarship  50% Scholarship  25% Scholarship