



BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
EDMONDS UNIT



HEALTH COMMISSION
SERVING SOUTH SNOHOMISH COUNTY

2016 Cross Country



Participating schools and practice times

Main Club-----Mon & Wed 4:30—5:30 Sherwood Elementary-----Tues & Thurs 3:50—4:50
Westgate Elementary—Tues & Thurs 3:15—4:15 Edmonds Elementary-----TBD
Lynnale Elementary—Mon & Wed 3:15—4:15 Cedar Valley Comm. School—TBD

Dates

Registration begins June 1st .
Practice begins the week of September 19th
Meets: Oct: 15th, Oct 22nd & Oct 29th
Pancake Breakfast: October 29th after the run!

Cost

Free!! You must fill out the registration and a Edmonds Boys & Girls Club membership form.

2016 Registration Form

Registration

Fill out the registration and membership form. You can give it to the Healthy Habits Coach at your school/site. You can also mail it to the Club at PO Box 172 Edmonds, WA 98020 or drop it by the Club at 310 6th Ave N Edmonds, WA.

Questions?

Contact Healthy Habits Director Kelli Calvin at kcalvin@bgcsc.org or (425)774-0630

First Name: _____ Last Name: _____

Gender: M F Date of Birth: _____ Players Grade(2016-2017) : _____

Parent/Guardians Name: _____ Cell Phone: _____

E-Mail: _____@_____ . _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Shirt Size: YS YM YL AS AM AL AXL School /Site you will be participating with: _____

Medical Insurance Coverage YES NO

"The Edmonds School District does not sponsor or endorse the activity and/or information in this material."

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BGCSC Annual Membership Registration Form



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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: _____

Is this parent a veteran or active member of the U.S. Military? Yes/No
 Branch _____ Dates of Service: _____ to _____

Other Parent/Guardian Information

Name: _____ Gender: Male/Female
 Phone: _____ Cell: _____
 E-Mail: _____
 Place of Employment: _____
 Is this parent a veteran or active member of the U.S. Military? Yes/No
 Branch _____ Dates of Service: _____ to _____

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

Household Information

Household Size _____

Household Type

- Both Parents
- Single Parent (Mother)
- Single Parent (Father)
- Grandparents
- Guardian/Other

Family Annual Income

- \$0 to \$14,999
- \$15,000 to \$29,999
- \$30,000 to \$44,999
- \$45,000 to \$54,999
- \$55,000 to \$64,999
- \$65,000 to \$74,999
- \$75,000 to \$84,999
- \$85,000 and above

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 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

