



Healthy Habits



BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY EDMONDS UNIT

Track & Field



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: Tues & Thurs 3:30—4:30
 Lynndale Elementary: Mon & Wed 2:30—3:30
 Cedar Valley Comm. School: Mon & Wed 3:15—4:15

* Depending on grade, check with coach at site

Dates

Registration begins March 3rd
 Practice begins the week of April 10th
 Meets: 4/29, 5/6 & 5/13 @ EBGCS(9am start) AND
 5/20 @ Edmonds-Woodway HS

Cost

Free!! You must fill out the registration and a Edmonds Boys & Girls Club membership 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 kcalvin@bgcsc.org or call at (425)774-0630

Track Meet Finale at EWHS on 5/20

On May 20, we move our final track meet over to Edmonds-Woodway HS during the Health & Fitness Expo. Wear your Track & Field t-shirt, and stop by our table to enter a raffle to win awesome prizes!

Expo Meet Event Schedule

Field Events 9:30—10:30	Running Events 10:30—11:30
*Javelin *Discus	* 100m Dash * 100m Hurdles
*Long Jump	* 400m Run * Mile/Fun Run

2017 Registration Form

First Name: _____ Last Name: _____

Gender: M F Date of Birth: _____ Players Grade (as of September 3rd, 2015): _____

Parent/Guardians Name: _____

E-Mail: _____ @ _____

Cell Phone: _____ Day Phone: _____

Emergency Contact: _____ Phone: _____

Address: _____ City: _____ Zip: _____

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



**BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY**

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 _____

Household Information

Household Size _____
 Household Type _____
 Both Parents
 Single Parent (Mother)
 Single Parent (Father)
 Grandparents
 Guardian/Other

Medical Information

Physician: _____
 Physician Phone: _____
 Medications: _____
 Allergies/Medical Concerns: _____

Emergency Contacts

Family Annual Income
 \$0 to \$14,999
 \$15,000 to \$23,999
 \$24,000 to \$32,999
 \$33,000 to \$41,999
 \$42,000 to \$54,999
 \$55,000 to \$64,999
 \$65,000 to \$74,999
 \$75,000 to \$84,999
 \$85,000 and above

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 sick, I 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 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 Kid-Trax: _____
 Membership Type: Full 100% Scholarship 75% Scholarship 50% Scholarship 25% Scholarship

