



2017 Lacrosse

Dates

Registration begins October 16th
 Practice begins the week of November 6th
 Games: Oct 26th, 30th & 1st
 * Games are played between 7am and 12pm*

Cost

Free if You must fill out the registration form and an 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/club. You can also mail it to the Club at PO Box 173, Edmonds, WA 98026 or drop it by the Club at 830 Bellevue & Edmonds, WA.

Questions?

Contact Healthy Habits Director Gail Calkin at gcalkin@bgcwa.org or (425)774-0638

Practice Locations & Times:

Main Club	Mon & Wed	4:30-6:00	Spendale Elem	Mon & Wed	3:30-4:30
Wingate Elem.	Tues & Thurs	3:15-4:15	Edmonds Elem.	Tues & Thurs	3:30-4:30
Shawwood Elem.*	Tues & Thurs	3:30-4:30	Cedar Valley Comm. School*	Tues & Thurs	3:15-4:15
Shawwood Elem.	Mon & Wed	3:30-4:30			

*Practices are split between age groups, check with the coach at the school for details.

First Name: _____ Last Name: _____
 Gender: M F Date of Birth: _____ Height (Grade 2017-2018): _____
 Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____@_____.com
 Address: _____ City: _____ Zip: _____
 Emergency Contact: _____ Emergency Contact Phone: _____
 Shirt Size: YS TM M AL XL 2XL School /Site you will be participating with: _____
 Medical Insurance Coverage: YES NO

*The Edmonds School District does not permit to enforce the KIPP policy information in this manual.
 For more information, please contact the Edmonds School District.

2017 BGCWA Membership Registration Form

Member Name: _____ Gender: _____ Student Body Member: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Parent/Guardian Name: _____ Cell Phone: _____
 Email: _____@_____.com
 Address: _____ City: _____ State: _____ Zip: _____
 Emergency Contact: _____ Emergency Contact Phone: _____

Emergency Contact Information

Emergency Contact Name: _____
 Relationship: _____
 Phone: _____

Medical Information

Medical Insurance Coverage: YES NO
 Allergies: _____
 Current Medications: _____
 Blood Type: _____
 Blood Pressure: _____
 Vision: _____
 Hearing: _____
 Other Medical Conditions: _____

Financial Information

Family Income (before taxes): _____
 Family Size: _____
 Number of Children: _____
 Number of Children Under 18: _____
 Number of Children 18-24: _____
 Number of Children 25-34: _____
 Number of Children 35-44: _____
 Number of Children 45-54: _____
 Number of Children 55-64: _____
 Number of Children 65+: _____

Notes & Conditions

1. This membership is for personal use only. It is not to be sold, transferred, or otherwise used for commercial purposes.
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 8. This membership is for personal use only. It is not to be sold, transferred, or otherwise used for commercial purposes.
 9. This membership is for personal use only. It is not to be sold, transferred, or otherwise used for commercial purposes.
 10. This membership is for personal use only. It is not to be sold, transferred, or otherwise used for commercial purposes.

NEW CHANGES USE CARE!

Member ID: _____
 Password: _____
 Username: _____
 Email: _____

BOYS & GIRLS CLUBS OF EDMONDS COUNTY