



Sport: **Football** Season: **2009**
Sports Registration

Registration Dates:

Thursday, May 28 – 6:30 to 8:00, Monday, June 1 – 6:00 to 7:30
Tuesday, June 2 – 6:30 to 8:00, Saturday June 6 – 12:00 to 2:00

Cost per player: K thru 8th (As of Sept 2009) \$125.00

Two checks are required: 1. \$125 for registration 2. \$75 for Volunteer/Uniform deposit. The checks must be separate.

There will be a late fee of \$25 for anyone who registers after June 6th!!!!!!!

Any returned checks will have a \$35.00 fee.

Please complete this form and return it with a check payable to the West Paterson Boy's & Girl's Club

Name: _____ Date of Birth: _____

Address: _____ Sex _____

Email Address: _____

Phone: _____ Cell: _____ School: _____

Grade : _____ Other sport/s registered during this Season: _____

Emergency Phone Number: _____ Emergency Contact Name _____
Other than Parent/Guardian

Primary Medical Insurance: _____ Policy #: _____

Please list ALL allergies or other pertinent medical information:

In the event the football uniform or any equipment is not returned, I am responsible for the full cost of replacement. In consideration of this entry being accepted I hereby for myself, my child, heirs, executors, and administrators waive and release any claims I may have against the West Paterson Boys & Girls Club, its officers and trustees, the organizing committee, the coaches or their representatives, successors, or assignees for any injuries that may be suffered by myself or by my child in this sport. By signing below I accept and fully understand the terms stated above.

Parent's Name: _____ Parent's Signature: _____

Please note that all the West Paterson Boy's and Girl's Club programs **depend entirely on volunteers** who give the children enrolled in athletic programs their time and efforts. It's the lifeblood of this organization and **we need your help**. If you are not a member of the club, please consider joining. Every family is required to contribute some type of volunteer work for the benefit of your child and that of all the other children in the program. A **\$75 refundable deposit** (in check form) is required as a pledge towards this goal. This check will be returned after fulfillment of the volunteer work. Please indicate the area of interest below. Thank you for your support.

- Coach Field Help Snack Stand Carnival

Deposit Check Number _____

ADMINISTRATIVE

Fee Paid: _____ Check: _____ # _____ Cash: _____ Receipt # _____ No. Players in Family