



**3 Divisions**  
**1st-2nd Grade**  
**3-5th Grade**  
**6th-8th Grade**  
**All games held @**  
**Oak Creek Intermediate**

**FOR CLUB USE ONLY**

Processed by: \_\_\_\_\_  
 Entry date: \_\_\_\_\_  
 Member ID # \_\_\_\_\_  
 Total Paid \_\_\_\_\_  
 Expiration Date:  
**12/31/22**

**YOUTH COED FLAG FOOTBALL LEAGUE:**  \$10.00 per player    Jersey Size: **YS YM YL AS AM AL**

**ATHLETE APPLICATION**

Athlete  
 Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ **Public Housing Unit #** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_ Primary Email \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Primary Teacher \_\_\_\_\_ H.S Grad Year \_\_\_\_\_

**HEALTH & MEDICAL INFORMATION**

Doctor/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Medical Exam \_\_\_\_\_  
 Permission for Treatment by Doctor/Hospital  YES  NO | Insurance:  YES  NO | Medicaid:  YES  NO EXP \_\_\_\_\_  
 Insurance Carrier \_\_\_\_\_ Phone Number \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Are there any special needs of health issues we should be aware of?  YES  NO If yes, explain \_\_\_\_\_  
 Are there any medication we need to be aware of?  YES  NO If yes, explain \_\_\_\_\_  
 Please specify any allergies or medical conditions here \_\_\_\_\_

**PARENTAL CONTACTS**

Fathers Name \_\_\_\_\_ Father's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mothers Name \_\_\_\_\_ Mother's Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Siblings: # of Brothers \_\_\_\_\_ # of Sisters \_\_\_\_\_

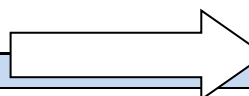
**EMERGENCY CONTACT** (Other than parent / guardian child is living with)

Name #1 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**ATHLETE / CHILD APPROVAL & RESPONSIBILITY**

I want to become a player in the Boys & Girls Club Basketball League. I will try my best and stay positive as I learn the fundamentals of basketball. I will be a team player and respect the rulings of the officials. I will follow the rules of the league and respect my coach, volunteers, and my peers. I will be considerate of others so the league can be enjoyable for everyone. If I do not follow the rules, my membership in the league will be terminated early and my parent/guardian will be notified.

**Athletes Signature** \_\_\_\_\_



**PARENT / GUARDIAN APPROVAL & RESPONSIBILITY** (Initial each after reading)

- CLUB MEMBERSHIP:** I approve of my child's membership to participate in the Boys & Girls Club Program. This includes programs in the following core areas: Character & Leadership, The Arts, Sports, Fitness & Recreation, Education & Career Development, and Health & Life Skills. I understand that these activities are conducted by staff and volunteers and/or agents within the BGC owned/leased facilities/property including off-site locations. I understand that it is my responsibility to make arrangements for my child (or ward) to be picked up at closing time at the end of each day. I understand that there are consequences if my child is not picked up and it can include membership termination. I understand the Club is not responsible for personal lost or stolen property. I will notify the Club leadership of any changes in my address and telephone numbers listed on this application.
- OPEN DOOR POLICY:** I understand that the Club has an open door policy. This includes that the Club does not provide daycare at any given time for any time of day. All members and parents/guardians are responsible for arrivals and departures for each day during the annual membership. Members are free to come and go as they please. I will instruct my child (or ward) to remain at the facility if I do not want my child to leave.
- LIABILITY:** I am fully aware of the risks and hazards connected with the participation in some activities/programs. I HEARBY VOLUNTARILY PERMIT MY CHILD (or WARD) TO PARTICIPATE IN CLUB ACTIVITIES/PROGRAMS. I UNDERSTAND AND HOLD HARMLESS THE BOYS & GIRLS CLUBS OF FRESNO COUNTY ORGANIZATION IN THE EVENT OF RISKS, LOSS, DAMAGE, OR PERSONAL INJURY TO MY CHILD.
- MEDICAL TREATMENT RELEASE:** In case of an accident or sudden illness to my child (or ward), and I cannot be reached, I give my consent for my children to be given emergency treatment by a physician or hospital. It is the policy in the case of an accident, illness or any other emergency affecting any child during activities/programs to make every reasonable attempt to notify the parent or guardian promptly. No child may participate without completion of this release for medical treatment.
- PHOTO/VIDEO RELEASE:** I consent to have my child (or ward's) included in photographs or video in which my child may appear can be used for educational and publicity purposes when done responsibly and without coercion. This includes group photographs/video or individual activity photographs/video displayed at the Club, local newspaper, social media, club marketing, and/or publications. All photographs are the Club's property or will be given to parents/guardians or be destroyed. I agree that no compensation is paid for photographs or videos.

Parent Name (Print) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for choosing the Boys & Girls Club program for your child. You are welcome to attend the Club for special events and volunteer opportunities! Check out the individual Club schedules and connect with the Staff Development Professionals who mentor your child each day! To learn more information about the Boys & Girls Club, visit [www.Oakhurstbgc.org](http://www.Oakhurstbgc.org)

**Boys & Girls Clubs of Oakhurst**  
Oakhurst Unit  
40094 Indian Springs Road, Oakhurst, CA 93644  
(559) 642-4600

**GREAT FUTURES START HERE.**

**VOLUNTEERS NEEDED: Coach/ Referee/ Scorekeeper/ Team Parent**

YES I am interested in Coaching or Volunteering for the Basketball League

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Position Desired: \_\_\_\_\_

\*All volunteers must complete a Boys & Girls Club Volunteer Application and LiveScan.