

Office Use Only

Team Played for Last Year \_\_\_\_\_

**Boys & Girls Club  
Johnson City/Washington County  
All Sports Registration Form**

Memb Fee \_\_\_\_\_  
League Fee \_\_\_\_\_ Ch # \_\_\_\_\_  
Total \_\_\_\_\_ Cash \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Rec # \_\_\_\_\_ Date Pd \_\_\_\_\_

\_\_\_\_ Tee Ball Registration  
**(Cannot turn 9 before Aug 1)**  
Circle Age Registering  
  
Ages 5 & 6  
  
Ages 7 & 8  
  
Shirt Size YS, YM, YL  
AS, AM, AL

\_\_\_\_ Football Registration  
Circle Age Registering  
**(Age as of August 1)**  
Boys Flag Football Ages 5, 6, 7  
  
Midget League Tackle Age 8 & 9  
  
Pee Wee Tackle Football Ages 10,11,12  
  
Shirt Size YS, YM, YL Weight \_\_\_\_\_  
AS, AM, AL

\_\_\_\_ Basketball Registration  
Circle Age Registering  
**(Age as of Dec 1)**  
**Ages 5, 6, 7**  
  
**Ages 8, 9**  
  
**Ages 10, 11, 12**  
  
Shirt Size YS, YM, YL  
AS, AM, AL

Child's Name \_\_\_\_\_, \_\_\_\_\_  
First Last Nickname

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Lives with Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_  
Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone Contact \_\_\_\_\_

E-Mail \_\_\_\_\_

YES/NO Does your child take medication for Asthma?

YES/NO Does your child take any other medication that the Boys and Girls Club or the Coach should be aware of?  
\_\_\_\_\_

YES/NO Are there any medical conditions or allergies we should be aware of. If yes, please specify.  
\_\_\_\_\_

My child, as named above, has permission to participate in all activities of the Boys and Girls Club of Johnson City/Washington County and in the League registered for in this application. I hereby release this League, its Members and Associates, Coaches, Sponsors, Officers and Directors of any liability from injuries occurred while participating in this activity. My child has had a medical physical in the past year by a Medical Doctor and has no known physical problems or conditions that would prohibit his/her participation in this activity. In the event of my absence, and a injury occurs, I do hereby authorize the above mentioned organization, or its representatives, to act as my agent to obtain medical treatment for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

League Official \_\_\_\_\_ Date \_\_\_\_\_