



BOYS & GIRLS CLUB
OF GENEVA



Geneva Community Center

2021-2022 YOUTH BASKETBALL REGISTRATION FORM

Please Print:

Player's Name: _____ Grade _____

Birthday: ____/____/____ Sex M F Ethnicity _____ Phone # _____

Address: _____ Apt# _____

City: _____ State _____ Zip code _____

Parent/Guardian Name _____

Parent/Guardian Email _____

Emergency Contact other than parent/guardian _____

Emergency Contact phone number other than parent/guardian _____

Does your child have any ongoing health concerns? (i.e. asthma, diabetes, allergies, etc.) Y/N

- If Yes, please describe: _____

Child's Shirt Size: (please circle one) CHILD: Sm Med Lg OR ADULT: Sm Med Lg XLg

____\$75 (one child)

____\$100 (2 or more children) SAME IMMEDIATE FAMILY

Families needing financial assistance should contact Susan Tolleson @ 315-759-6060

I hereby certify that my child is in normal health and is physically capable of participating in the Youth Basketball League. I hereby release the Boys & Girls Club of Geneva and its instructors from any responsibility in case of an accident, damage, loss, or liability which may arise because of participation in this program. I understand that should this activity result in injury, it is my obligation to use my own resources in treatment of the injury.

Signature of Parent or Guardian

Date

IF YOU ARE INTERESTED IN COACHING/VOLUNTEERING PLEASE INDICATE.

***It is MANDATORY for all volunteers to complete a Volunteer Application and Background Check Form. (THERE WILL BE NO EXCEPTIONS)**

I would like to participate in the program in one of the following capacities: (circle one)

Coach Asst. Coach Official

Name _____ Phone _____

Email _____