

The **Positive Place For Kids**



**BOYS & GIRLS CLUBS**  
OF LORAIN COUNTY

## Youth Sports Registration Form

**Child's Name:**

\_\_\_\_\_

**Sport:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male** **Female**

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**T-Shirt Size (circle one):** Youth small (6-8) Youth medium (10-12) Youth large (12-14)

Adult small Adult medium Adult large Adult XL

**Child's Limitations or Cautions:**

\_\_\_\_\_  
\_\_\_\_\_

**Special Requests (requests are not guaranteed):**

\_\_\_\_\_

**Parent/Guardian Info:**

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact (other than household):** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Everyone is Welcome:** The Boys & Girls Clubs of Lorain County is a membership organization open to all youth, ages 6-18.

**Financial Assistance:** If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

**Insurance:** It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all Boys & Girls Clubs of Lorain County activities. The Boys & Girls Clubs of Lorain County does not provide any such coverage for its participants.

**AUTHORIZATIONS and RELEASE:**

**Photograph Permission:** I give permission for the Boys & Girls Clubs of Lorain County to use any pictures of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the Boys & Girls Clubs of Lorain County. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Boys & Girls Clubs of Lorain County director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that the Boys & Girls Clubs of Lorain County will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Boys & Girls Clubs of Lorain County, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

**I have read and understand the above and have completed this form to the best of my ability. I also support the Boys & Girls Clubs of Lorain County youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.**

**Signature of parent or legal guardian:**

**Date:** \_\_\_\_\_

**Mail completed form to:  
The Boys & Girls Clubs of Lorain County  
P.O. Box 516  
Oberlin, Ohio 44074**