



# BOYS & GIRLS CLUB OF OUACHITA COUNTY

## Baseball/Softball/Soccer APPLICATION

**OFFICE USE ONLY:** APPLICATION DATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
PROGRAM FEE \_\_\_\_\_ PAID?  PROGRAM \_\_\_\_\_ PROOF OF BIRTH? \_\_\_\_\_  
PREVIOUS MEMBER? \_\_\_\_\_ RECEIPT OR SCHOLARSHIP \_\_\_\_\_

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ MALE  FEMALE

E-MAIL ADDRESS \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_ (ys,ym,yl,as,am,al,axl,axxl,axxxl)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MESSAGE # \_\_\_\_\_

LIVING WITH: MOTHER/FATHER  MOTHER ONLY  FATHER ONLY  GRANDPARENTS   
GUARDIAN  OTHER \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ EMPLOYED AT \_\_\_\_\_

DOES YOUR FAMILY HAVE HEALTH AND/OR ACCIDENT INSURANCE? YES / NO  
IF YES, WHAT CARRIER? \_\_\_\_\_

HEALTH PROBLEMS OR ALLERGIES \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DISCLAIMER:** I hereby understand that the Boys & Girls Club of Ouachita County (hereafter known as "the Club") has an Open Door Policy and all children are free to come and go as they please. Parents who wish their children to remain at the facility during hours of operation must instruct them to do so. I also understand that I cannot drop off or leave children earlier than the established hours of operation. Children left at the Club after closing time become the parent's responsibility and the parent should make arrangements for the child's pick up. I hereby approve my child's application and will notify the Club of any changes. I understand further that the annual membership is not refundable. I give my consent for his/her being given emergency treatment by a physician or hospital in case of an accident and to his/her taking part in various athletic, cultural, and social activities of the Club. The Club is not responsible or liable in any way in the event of harm or injury occurring to the child nor for the loss of personal property. It is agreed that the parent or guardian will not hold the Club responsible for the welfare or whereabouts of the child. If the Parent or Guardian does file a complaint against the Club, the Parent or Guardian agrees to pay for the Club's legal fees. I, the Parent or Guardian of the above-named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that some of the programs of the Club are administered by adult volunteers, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Club, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in a Club-sponsored event, including any physical injury by the negligence of any official, referee or coach while performing his/her duties during any practices or games.

<b>OFFICE USE ONLY:</b> Application Date _____ Expiration Date _____ Membership Fee \$ _____ Paid? <input type="checkbox"/> Program Fee \$ _____ Paid? <input type="checkbox"/> Program _____ Proof of Birth? _____ Previous Member? _____ RECEIPT# or SCHOLARSHIP _____
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