

Boys & Girls Clubs of Wichita Falls
Youth Sports Programs
Player Contract and Parent Release Form
CHEERLEADING

Player's Name: _____

Legal Address: _____ City: _____ State: ____ Zip: _____

Age (As of Sept. 1st): _____ Birth date: _____ Grade: _____

Membership Number: _____ Expiration Date: _____

School you attend: _____ School Zone you reside in: _____

Father's Name: _____ Mother's Name: _____

Phone Number: _____ Phone Number: _____

I hereby agree to play athletics in the Boys & Girls Clubs of Wichita Falls Youth sports program during the current season. I agree to abide by the rules of the league and to abide by the Boys & Girls Clubs Code.

 Player's Signature

 Date

I, AS A PARENT, UNDERSTAND FOR MY CHILD TO PARTICIPATE IN THE CURRENT YOUTH SPORTS PROGRAM IT IS REQUIRED THAT THE FOLLOWING NON-REFUNDABLE PARTICIPATION FEE BE REMITTED: **THERE WILL BE A FEE FOR ALL PLAYOFF GAMES. \$4 FOR ADULTS (18 & UP). \$3 FOR YOUTH (6-17). 5 YEARS AND UNDER ARE FREE.**

FOOTBALL	\$40.00		
CHEERLEADING	\$15.00	VOLLEYBALL	\$30.00
BASKETBALL	\$30.00		

I, as a parent have read all the eligibility requirements that my child must meet to participate and understand that incorrect or falsified information will result in my child being dropped from their league and my child's team forfeiting all games from their eligibility date until they are removed from the team roster. I pledge to conduct myself in accordance with the Rules & Regulations of the current Boys & Girls Clubs Youth Sports Program (**Copies available at BBGC**) and to use good sportsmanship and good manners at all times. I agree that, should I fail to keep this pledge, and if asked by Boys & Girls Clubs officials, I will leave the premises and not attend any other games without express approval of the Athletic Director and the Executive Director of the Boys & Girls Clubs. I understand that there is an inherent risk of injury in sport, and that it is my responsibility to secure a physician's approval. I hereby authorize the administration of my child's school to release information pertinent to this form to the Boys & Girls Clubs staff for the purpose of establishing eligibility for playing and to verify the student's honor roll status. If club staff determines that our address is different from that registered with my child's school, I understand that the Club will notify the school of this discrepancy. I agree to hold blameless the Boys & Girls Clubs of Burkburnett, its governing body, staff, volunteer coaches and/or game officials for any and all claims of injury and loss of personal articles or damage which our child may incur. I hereby give authority to the Boys & Girls Club of Burkburnett staff and volunteer coaches to administer, or have administered, emergency first aid and, if deemed necessary, to present my child for treatment by a qualified physician.

Signature of Parent or Guardian

Date