## **Burkburnett Boys and Girls Club Youth Sports Programs**

## Player Contract and Parent Release Form **Volleyball**

Player's Name:	fame: League / Team:			
Legal Address:	City:	State: _	Zip:	
Age (As of Sept. 1 <sup>st</sup> ): Birth date:		Grad	Grade:	
Membership Number: Expiration Date:		Shirt	Shirt Size	
Parent's email:	School Zor	ne you reside in:		
Father's Name:	Mother'	's Name:		
Phone Number: Phone Number:				
	es in the Burkburnett Boys & Girls Club er rules of the league and to abide by the			
Player's Signature		Date		
	L ALSO BE A FEE FOR ALL PLAYON (6-17). 5 YEARS AND UNDER ARE \$40.00 \$15.00 VOLL		\$30.00	
incorrect or falsified informat forfeiting all games from their I pledge to conduct myself in Sports Program and to use go pledge, and if asked by Boys without express approval of the understand that there is an inhapproval. I hereby authorize the Boys & Girls Clubs staff the roll status. If club staff deter understand that the Club will & Girls Club, it governing bo loss of personal articles or day staff and volunteer coaches to present my child for treatment.		If from their league and my from the team roster. It is of the current Boys & Gall times. I agree that, showeremises and not attend an irector of the Boys & Girls my responsibility to secutor release information per for playing and to verify that registered with my character to hold blameless the officials for any and all copy give authority to the Botency first aid and, if deem	r child's team  firls Clubs Youth ald I fail to keep this y other games s Clubs. I are a physician's tinent to this form to the student's honor ild's school, I are Burkburnett Boys laims of injury and bys & Girls Clubs	
<b>Signature of Parent or</b>	Guardian	Date		