

**A.G. Gaston Boys & Girls Club  
Football Registration**

**\$ 125.00 Registration Fee**  
\$ 60.00 is due by July 22, 2011.  
Registration must be paid in full by  
August 5, 2011.

Boys & Girls Club Membership #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

List any known health problems that the coach should be made aware of:

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

I, \_\_\_\_\_ HEREBY CERTIFY that I am the legal parent/guardian of \_\_\_\_\_ and give my child permission to play Football for the A.G. Gaston Boys & Girls Club Fall season. I understand that I may be required to purchase some of my child's equipment. I further understand that the equipment loaned to my child is to be returned at the end of the season. I accept general liability for the participation of my child in the activities sponsored by the A.G. Gaston Boys & Girls Club and hereby release, indemnify, and hold harmless the A.G. Gaston Boys & Girls Club for any injury which may result from my child's participation in the Football program. I also understand that the A.G. Gaston Boys & Girls Club provides accident insurance for its members, and that the policy is secondary to any other insurance coverage provided from any other source for the individual.

Date: \_\_\_\_\_ Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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***Office Use Only***

Birth Certificate on File: \_\_\_\_\_

Registration Fee Paid: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Weight: \_\_\_\_\_

Team Assignment (lbs): \_\_\_\_\_ Coach: \_\_\_\_\_

**A.G. Gaston Boys & Girls Club  
MEDICAL RELEASE FORM**

This **must be** completed - legibly - and signed in all areas by the member's parent or guardian. *By signing this form, the participant affirms having read it.*

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent or Guardian:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Primary Insurance Co.:** \_\_\_\_\_

**Primary Group/Policy #:** \_\_\_\_\_

**Family Physician Name:** \_\_\_\_\_ **Physician Phone:** \_\_\_\_\_

**In Case of Emergency, Contact:**

**Name:** \_\_\_\_\_ **Relationship to member:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

I approve the staff that will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

**Signed:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**To the Club Leaders:**

If, during the course of my daughter's/son's activities, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company. I understand that the insurance policy of the A.G. Gaston Boys & Girls Club is secondary insurance to my primary insurance coverage.

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

**Parent or Guardian**

I do not authorize emergency medical/dental care for my daughter/son.

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

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**A.G. Gaston Boys & Girls Club  
Health History**

**Please elaborate (especially on those conditions that might be aggravated)**

<b>Allergies:</b> _____	<b>Asthma:</b> _____
<b>Congenital problem:</b> _____	<b>Diabetes:</b> _____
<b>Epilepsy:</b> _____	<b>Heart:</b> _____
<b>Ankle Injuries:</b> _____	<b>Knee Injuries:</b> _____
<b>Back Injuries:</b> _____	<b>Head/Neck Injuries:</b> _____
<b>Shoulder Injuries:</b> _____	<b>Elbow Injuries:</b> _____
<b>Wrist Injuries:</b> _____	<b>Hand Injuries:</b> _____
<b>Finger Injuries:</b> _____	<b>Other Injuries:</b> _____

- 1) **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_
- 2) **Is there any psycho-social or physical condition for which the participant is currently under professional care? NO YES**
- 3) **Is the participant currently taking any medications? NO YES**  
**If yes, please name the drug(s), dosage and frequency needed:**
- 4) **List any known allergies:**
- 5) **Please elaborate on any medical conditions of which we should be aware:**
- 6) **Comments:**
- 7) **Please list any injuries the participant has suffered in the last two months:**
- 8) **State special instructions to follow in case of emergency:**