



Berlin Youth Soccer Player Registration Form

Registration Fee:

\$50 (includes BGC membership valid Feb. 5 - Sept. 2018, additional fees may apply)

\$25 Current BGC Member

Early Bird Registration (February 5 & 6 ONLY): \$40/\$15

Player Name: _____ **Date of Birth:** _____

Age: _____ **Grade:** _____ **Gender:** (please circle) Male or Female

Address: _____

T-shirt Size: (please circle) Youth S, M, Lg, XL or Adult S, M, Lg, XL, XXL

Child Skill Level: (please circle) Beginner, Intermediate, or Advanced

How many years playing: _____ **Sibling Request:** _____

1. Parent/Guardian Name: _____

Cell #: _____ **Alternative #:** _____

Interested in Coaching: (please circle) Yes or No

2. Parent/Guardian Name: _____

Cell #: _____ **Alternative #:** _____

Interested in Coaching: (please circle) Yes or No

Philosophy

The Berlin Youth Soccer program encourages a noncompetitive atmosphere in which our children learn without an overemphasis on winning. It is our mission to introduce, educate, and develop our youth in the game of soccer. Our goals include the teaching of soccer skills, soccer rules, sound team play, and good sporting behavior. We hope that everyone's experience will be a positive one.

Players Code of Conduct

1. Play for fun.
2. Be a team player, get along with teammates
3. Respect your coach, teammates, parents, opponents, officials, and spectators.
4. Be on time for practices and games.
5. Take the best possible care of your uniform so it is a positive image of yourself and your team.
6. Learn the rules and play by them. Always be a good sport and never argue with an official's decision. Remember you are playing to learn and have fun.



Parents Code of Conduct

1. Support player's desire to play soccer. Children are involved in organized sports for their enjoyment – so make it fun.
2. Encourage your child to play by the rules. Remember children learn best by example – so applaud the plays of both teams.
3. Do not yell at players, officials or coaches. Show a positive attitude towards the game.
4. Emphasize skill development in practices and how they benefit your young athlete. Be Punctual, be committed. We need you to help the players get to practices and games on time.
5. Support officials on and off the field.

Signed: _____
(Player)

Date: _____

Signed: _____
(Parent/Guardian)

Date: _____

Participation Agreement

The undersigned parent(s)/guardian(s) desire(s) the player named above to participate in the physical activities sponsored by the Boys & Girls Club. The undersigned understand(s) and acknowledge(s) that participation in soccer programs may involve an element of risk of personal injury or property damage for all participants. For example, the participants may come into sudden contact with each other, or another object such as the goal post, while running at high speeds. Another example is that a ball might strike a participant at high speeds. The undersigned also understand(s) and acknowledge(s) that many of the coaches and other persons supervising the activities are not specially trained in supervising such activities, and primarily consist of parent volunteers. Nevertheless, the undersigned hereby consent(s) to the participation in such activities by the child player.

Therefore, the undersigned parent(s)/guardian(s) for themselves and their named child, for and in consideration of the opportunity to participate in the soccer activities sponsored by the Boys & Girls Club of the Tri - County and for other good and valuable consideration, do hereby forever release, acquit and forever discharge and hold harmless the Boys & Girls Club of the Tri-County Area, The Berlin School District (the owner of the land upon which the soccer activities will take place), affiliated organizations and the officers, directors, coaches, officials, agents and employees of each of them, regardless of any negligence, from any and all claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses and compensations whatsoever which the undersigned may hereinafter incur on account of or in any ways growing of any and all known or unknown foreseen or unforeseen, bodily and personal injuries and/or property damage or the consequences thereof resulting from any accident, causally or even involving the undersigned and arising out of soccer activities, including travel, sponsored or furnish by the Boys & Girls Club. It is expressly understood by the undersigned parent(s)/guardian(s) that the above name child player would not be permitted by the Boys & Girls Club to engage in soccer activities sponsored by the Boys & Girls Club without this release.

The undersigned parent(s)/guardian(s) have read the foregoing liability waiver and indemnification agreement, fully understand(s) and accept(s) for themselves and the child player each and every provision thereof and agree(s) to be bound forever by its provisions.

Signed: _____
(Parent/Guardian)

Date: _____



Emergency Medical Treatment

Authorization/Refusal

Player Name: _____

Date of Birth: _____

Primary Physician & Phone Number: _____

Allergies:

Medical Conditions:

Emergency Contact (other than parent): _____

Phone Number: _____ Relationship to child: _____

Complete part 1 or 2, but not both

Part 1 – To Grant Authorization

In the even reasonable attempts to contact the undersigned parent(s)/guardian(s) have been unsuccessful, the undersigned parent(s)/guardian(s) hereby give consent for the administration of medical treatment. Specifically, the undersigned grant(s) permission to even personnel to supervise or perform on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the child player named above. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is required in the physician's office.

The undersigned further release(s) from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this emergency medical treatment authorization form which are deemed necessary for the child player. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The undersigned further agree(s) to assume all cost related to any medical treatment.

Parent/Guardian Signature: _____ Date: _____

OR

Part 2- To Refuse Authorization

The undersigned parent(s)/Guardian(s) do not give consent for emergency medical treatment of child player named above, and agree that by execution of this refusal to send that the one of the below undersigned will be present at all practices and games and will transport the child player to or from practices and games. In the event that none of the undersigned are present, then the undersigned understands and acknowledge that the child player will not be allowed to participate.

Parent/Guardian Signature: _____ Date: _____



Boys & Girls Club of the Tri-County Area

2017-2018 Membership Application

344 Broadway St PO Box 254 (920)361-2717

Berlin, WI 54923

www.bgctric.org

Office Use Only
KidTrax ID # _____
Reg Fee Paid _____
Card Created _____
Staff _____
Date _____

* must be completed

*** Child Information**

First Name _____ Nickname _____ Middle Initial _____ Last Name _____

Home Address _____ City, State, Zip _____

Birth Date _____ Age _____ Gender _____ Race _____ Home Number _____

School _____ Grade _____

_____ Late Start – Thursday Morning (**Free**) _____ After School Hours (**Fees Apply**)
(Middle/High school only)

Who does child live with (please circle) Mom & Dad / Mom Only / Dad Only / Joint Custody / Mom & Stepdad / Dad & Stepmom / Other _____

*** Parent/ Guardian Information** – All parents/ guardians listed are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.

Parent Name: Ms. / Mrs. / Mr. _____ Contact info same as above

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Phone _____

Parent Name: Ms. / Mrs. / Mr. _____ Contact info same as above

Home Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Employer _____ Work Phone _____

* Total House Income is: _____

Is a parent / guardian registered with the military or live on a military base? Yes/ No

Are you eligible for assistance: Yes / No (**please Circle one**)

Assistance Programs: (Check all that apply)

Free / Reduced Lunch _____ General Assistance _____ Food Stamps _____

TANF _____ SSDI _____ SSI _____

Medicaid _____ Veteran's Compensation _____

*** Medical Information**

Child's Known Allergies _____

List any medications that your child is taking _____

*** Emergency Contact Information**

Emergency Contact #1 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

Emergency Contact # 2 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

*** Persons other than parents/ guardians who are authorized to pick up child**

Authorized Pick up Person #1 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

Authorized Pick up Person # 2 Name _____ Relationship to child _____

Phone Number _____ Cell Phone _____ Work Phone _____

*** Boys & Girls Club of the Tri-County Area & Community Learning Center (CLC) Authorization***

I hereby give permission for the participant listed on this application to take part in the Boys & Girls Club of the Tri-County Area and CLC's activities, which may include off-site events, academic assistance, continuing education and recreational programs. If a medical emergency arises, we will take all steps necessary to ensure the safety of the participant. If necessary, we will call a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. Additionally, I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

I give my consent to the Boys & Girls Club and CLC to take the participant's photograph during program activities, to be used for education, public relations and marketing purposes. I further give my consent to the school, the Boys & Girls Club and CLC to share the participant's student records with each other for purpose of providing educational support and assistance. In addition, I understand that the school district, the Boys & Girls Club and CLC will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program. Boys and Girls Club and CLC require full participation in both: Academic Enrichment (Math & Literacy Activities) and Academic Support (Homework Help).

**Please note that this year we will be focusing on math and literacy in our elementary programs. While we will still do homework help, it will not be the main focus of our program. Please make sure to check with your child nightly to see if their homework is completed.

My child is not allowed to be photographed.

* I understand the rules of the Boys & Girls Club and I request that my child be admitted into membership. I have explained the rules to my child. I understand the hours of operation of the Club and that additional charges may be assessed if I pick up my child after these hours.

Parent/ Guardian Name (Print)

Signature

Date



Dear Club Parents,

Thank you for enrolling your child as a member of the Boys & Girls Club of the Tri - County Area, We're excited to have them! We are passionate about making certain your son or daughter will have the best possible Club experience, and that they feel safe and secure while learning and growing.

This pledge encompasses all of the positive behaviors we expect our members to display while at the Boys & Girls Club. Please read through the pledge and discuss it with your child. Consequences for breaking this pledge are subject to staff discretion based on the severity of the behavior, and can range from a verbal warning to expulsion from the Club. Please know that we take very seriously our responsibility for your child's safety and success.

If you have any questions don't hesitate to contact me by phone (920-361-2717) or email (jpresto@bgctric.org). Thank you for supporting the Boys & Girls Club of the Tri - County Area.

Sincerely,

Jason Presto
CEO

Pledge of Respect

1. *I will be respectful.* I will treat others with respect and be tolerant of differences. I will use good manners and avoid bad language. I will be considerate of the feelings of others, and I will not threaten, hit or hurt anyone. I will deal peacefully with conflict.
2. *I will be trustworthy.* I will be honest with Club staff and other members. I will not lie, cheat or steal. I will have the courage to do the right thing.
3. *I will be responsible.* I will do what I am supposed to do. I will keep on trying, and do my best. I will be accountable for my choices and actions.
4. *I will be fair.* I will play by the rules, take turns and share. I will be open-minded and listen to others. I will not take advantage of other or blame others.
5. *I will be kind.* I will be compassionate to others and express gratitude. I will forgive others and help others in need.

I have read and understand the rules of the Boys & Girls Club of the Tri - County Area. I agree to follow them.

Member Name: _____

Member Signature: _____

Date: _____

Parent Signature: _____

Date: _____



BOYS & GIRLS CLUB
OF THE TRI-COUNTY AREA

"No Bullying" Contract

I, _____, will be part of the solution to end bullying at the Boys & Girls Club of the Tri-County Area.

Our goals are:

- To reduce bully/victim problems among members
- To prevent the development of new bully/victim problems
- To improve relationships between all members

I will do my part by:

- Not being a bully or encouraging others to bully
- Helping those who are bullied
- Including students who are easily left out
- Telling a staff at the Club when I know someone is being bullied

Should I fail to meet the terms of the contract, the CEO may do whatever is felt to be in my best interest regarding the situation (this may include suspension from the Boys & Girls Club or a mandatory meeting with my parents).

Signed: _____

Member

Date: _____

Signed: _____

Parent

Date: _____

Signed: _____

CEO

Date: _____