

Folcroft Boys Club

Incorporation 1962

Membership Application 2009

Parents/Guardians Name: _____

Address: _____ Telephone: _____

PLEASE FILL OUT ALL INFORMATION; IT IS IMPORTANT FOR OUR RECORDS.

PARTICIPANT NAME	DATE OF BIRTH	SCHOOL NAME	GRADE	SHIRT SIZE

Place a 'check' in the space provided for the sport(s) your son would like to participate in.

BASKETBALL	BASEBALL	FOOTBALL	HOCKEY	BOWLING
INTRAMURAL/ VARSITY	INTRAMURAL/VARSITY	VARSITY ONLY	INTRAMURAL ONLY	INTRAMURAL

FULL MEMBERSHIP		SINGLE SPORT OPTION (CHECK SPORT)		
1 CHILD = \$125		FOOTBALL	\$70	
ADDITIONAL CHILD = \$25		BASEBALL	\$65	
		BASKETBALL	\$60	
ADULT ONLY = \$10		HOCKEY	\$50	
I WANT TO VOLUNTEER		BOWLING	\$25	

AMOUNT RECEIVED	CASH	CHECK	CHECK #	RECEIVED BY

PLEASE CHECK MARK THE FOLLOWING STATEMENTS IN AGREEMENT:

_____ I HAVE READ, UNDERSTAND AND HAVE SIGNED THE AGREEMENT, WAIVER, RELEASE FORM ON THE BACK OF THIS DOCUMENT

1. The undersigned understand that the fees submitted with this Agreement will be applied toward Player's total registration fees. By signing this Agreement, the undersigned agree to make all payments according to the Club's payment schedule. It is understood that all fees are nonrefundable.
2. By signing this agreement, the undersigned agree to be bound by the Folcroft Boys Club By-Laws and the Code of Conduct. Continued or serious violation of the Rules and Regulations of the Club and/or the instructions of coaches, assistant coaches and managers will constitute grounds for suspension of participation in the Club's programs by the Board of Directors of the Club ("Board") and/or termination of membership by the Board, **WITH NO REFUND.**
3. The undersigned hereby represent that the above-named Player has been examined by a licensed physician and is medically fit to participate in the Club program, and accordingly, the undersigned hereby **RELEASES, INDEMNIFIES AND HOLDS HARMLESS**, the Club and its authorized agents from any liability arising out of the failure to obtain such examination. The undersigned agrees to notify the Club of any medical condition and/or medication involving the Player.
4. Throughout the year, we may take pictures at the games, and they may be used on our website, flyers and/or Banquet Book. We will not post names of any child in the picture. This will be used strictly for Folcroft Boys Club use. If you are adamant about not having your child's picture being used, please notify us in writing.

PARENT/GUARDIAN SIGNATURE: _____

EMAIL ADDRESS: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Folcroft Boys Club to participate in Youth activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the Folcroft Boys Club, the officers, directors, volunteers, sponsors and agents from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of the death or any injury or property damage that I may be sustained while participating in said activities.

Permission to Administer Medical Care - by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent/guardian of the participant named above, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the head coach & on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses, & dentists, to perform any diagnostic, treatment, or operative procedures, & x-rays for the named player. I have been given no guarantee as to the results of examination or treatment.

I accept total responsibility for any and all medical costs of the above player.

I Have Read and Understand the Above Release and Grant My Permission to Administer Medical Care.

If any of this information should change, it will be my responsibility to make the Club aware of such changes, in a timely manner.

EMERGENCY FORM

Child's Name _____ Birth Date _____ Age _____ Home Phone # _____

Address _____ City _____ Zip _____

Mom's Name _____ Work # _____ Cell Phone # _____

Dad's Name _____ Work # _____ Cell Phone # _____

Family Doctor _____ Phone # _____

Dentist _____ Phone # _____

Emergency Contact (other than parent)

Name _____ Phone # _____ Cell Phone # _____ Relationship to Child _____

Name _____ Phone # _____ Cell Phone # _____ Relationship to Child _____

List any allergies or other health problems for child that we should be aware of: _____

Signature (Parent/Guardian) _____ Name Printed _____ Date _____