

# Folcroft Girls Club

Membership Application 2009/2010

[Folcroftgirlsclub@ymail.com](mailto:Folcroftgirlsclub@ymail.com)

215-847-5362

Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email address: \_\_\_\_\_

**\*\*\*I WOULD LIKE TO VOLUNTEER** \_\_\_\_\_

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 daughter would like to participate in.

SOFTBALL	CHEERLEADING	BASKETBALL	BOWLING

FULL MEMBERSHIP		SINGLE SPORT OPTION ( CHECK SPORT)		
1 CHILD = \$125		SOFTBALL	\$65	
\$25 each additional child		CHEERLEADING	\$65	
		BASKETBALL	\$65	
ADULT ONLY = \$10		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 Girls 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 Girls Club use. If you are adamant about not having your child's picture being used, please notify us in writing.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

***\*\*For your convenience you can mail this form with your payment to PO Box 51, Folcroft, PA 19032.***

# AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the Folcroft Girls 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 Girls 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 \_\_\_\_\_