

## **Basketball Registration Information:**

### **MITES (GRADES 3 & 4) – We have a full team and coach**

1. Complete Sports Application.
2. Make check for *\$90 payable to MPA*.
3. Provide copy of birth certificate.
4. Bring application, check, and birth certificate to MPA by October 30<sup>th</sup>.
5. MPA will provide grade verification.

If we provide our own practice site, the cost for the team is only \$58 per player, plus gym rental fee. We tentatively have approval to use the gym at the church across the street from MPA (Christ the Rock on Mill/Newburg). We have not negotiated a rental rate yet.

#### **Providing Own Gym:**

If we can negotiate a reasonable rate, tentatively we will practice at the church gym from 3:45 – 5:00PM on Thursday evenings. The difference in cost would be refunded to each parent from MPA.

#### **No Gym:**

If we are not able to negotiate a rate, then each player would be responsible for the full payment of \$90 and a check would be delivered to Boys Club. We would still request a Thursday practice time, but it would probably be at 6PM at Boys Club.

### **MIDGETS (GRADES 5 & 6) – Players would be on same team, but not an MPA coach**

1. Complete Sports Application.
2. Make check for *\$90 payable to MPA*.
3. Provide copy of birth certificate.
4. Bring application, check, and birth certificate to MPA by October 30<sup>th</sup>.
5. MPA will provide grade verification.

# **SPORTS Application**



**BOYS & GIRLS CLUB**



**BOYS & GIRLS CLUB**

**Basketball Programs**

- Biddy - League
- Jr. Mites - League
- Wildcat Basketball

**Bill Howard Basketball**

- Mites
- Midgets
- Juniors
- Intermediate
- Senior

**Baseball Leagues**

- Joe DiMaggio
- Roberto Clemente
- Willie Mays
- PeeWee Reese
- Sandy Koufax
- Fall Baseball

**Other Sports Programs**

- Carlson Huskie Football
- Flodin Raider Football
- Carlson Wrestling
- Cheerleading
- Boys & Girls Club  
Kid Trax Card # \_\_\_\_\_

**\* Fees apply to all Sports programs offered. See attached information sheet for details.**

Name \_\_\_\_\_ Nick Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number & Street City Zip Code

Home Phone \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Gender**

- Male
- Female

**Can Swim??**

- Yes
- No

**Ethnicity**

- African American
- Asian American
- Multi-Cultural
- Native American
- Hispanic American
- Caucasian (white)

**Youth Lives with:**

- Father
- Mother
- Both Parents
- Relative
- Grandparent
- Other

**Family Information:**

- Sisters
- Brothers
- Family Size \_\_\_\_\_

**Preferred Hospital:**

- Rockford Memorial
- OSF Saint Anthony
- Swedish American
- Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
month / day / year

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Physician \_\_\_\_\_

Bus # \_\_\_\_\_ Other Affiliations \_\_\_\_\_ Health Insurance Company \_\_\_\_\_  
(YMCA, Scouts, Park District)  
 Medical Card  
 Other \_\_\_\_\_

Should the Boys & Girls Club be aware of any special medical conditions, allergies, ect., in relation to your child? <input type="checkbox"/> yes <b>Please explain:</b> _____ <input type="checkbox"/> no _____	Taking medications? _____
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Person Authorized to Pick Youth Up: (name) \_\_\_\_\_ Password \_\_\_\_\_

Unauthorized Person (can not pick up youth) \_\_\_\_\_

**1** Parent / Guardian \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street  same as youth City Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 same as youth

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Occupation \_\_\_\_\_

**Income Level**

<input type="checkbox"/> below \$9,000	<input type="checkbox"/> \$23,001-\$28,000	<b>Additional Information:</b>
<input type="checkbox"/> \$9,001-\$12,000	<input type="checkbox"/> \$28,001-\$32,700	
<input type="checkbox"/> \$12,001-\$15,000	<input type="checkbox"/> \$32,701-\$37,500	
<input type="checkbox"/> \$15,001-\$19,000	<input type="checkbox"/> \$37,501-\$42,000	
<input type="checkbox"/> \$19,001-\$23,000	<input type="checkbox"/> above \$42,001	

Free / Reduced School Lunch Program  
 General Assistance  
 Food Stamps  
 Medicaid

**continue on back**

# **SPORTS Application**

**2**

**Parent / Guardian** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Address** \_\_\_\_\_  
 same as parent/guardian 1 \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_  
 same as parent/guardian 1 \_\_\_\_\_

\_\_\_\_\_  
**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Job Title** \_\_\_\_\_ **Occupation** \_\_\_\_\_

\* As a member, I understand membership expectations and I agree to be drug and alcohol free and to participate in activities as directed by volunteers and staff, and carry and represent my **CLUB** card when attending all Club activities.

Date: \_\_\_\_\_ **Youth Signature** \_\_\_\_\_

\* As a Parent/Guardian I understand membership/CLUB expectations and have explained them to my child. I waive, release, and forever discharge any and all rights and claims for injuries and/or damages which may have or which may hereafter accrue due to membership and release from liability all staff, volunteers, administration and/or members of the Board of Directors as part of this membership/After School application & agreement. I also give my consent for Boys & Girls Club to release photos my child taken within programs and facilities of the purpose of promotions, publications and news related articles. Please note that information completed on application will NOT be released to others and will be held strictly confidential.

As the legal parent/guardian of \_\_\_\_\_, I authorize the school district and/or the educational institute my child attends to release the following information to the Boys & Girls Club of Rockford on a quarterly basis; grade point averages, photocopies of report cards, school attendance rates, grade advancement information and graduation information.

Date: \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_

**OFFICE USE ONLY: TO BE COMPLETED BY STAFF MEMBER**

**Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Club Name** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <p><b>Status</b></p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Renew (# _____)</p> <p><input type="checkbox"/> Referred</p> | <p><b>Payment Type</b></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check (# _____)</p> <p><input type="checkbox"/> Credit Card (# _____)</p> <p><input type="checkbox"/> Scholarship</p> | <p><b>Application Type</b></p> <p><input type="checkbox"/> Club Membership</p> <p><input type="checkbox"/> Summer Program</p> <p><input type="checkbox"/> After School</p> <p><input type="checkbox"/> Sports</p> |
|---|---|---|

**Amount Paid: \$** \_\_\_\_\_

**Receipt Number:** \_\_\_\_\_

**Scholarship Amount \$** \_\_\_\_\_

**Birth Certificate received**

**School ID received**

2009-2010



**BOYS & GIRLS CLUB**

## Boys & Girls Club Bill Howard Basketball League

**Mites (Grades 3 & 4)**

Age Categories: Boys & Girls Mites

Boys & Girls Midgets

**Midgets (Grades 5 & 6)**

Cannot turn 11 before 3-01-2010

Cannot turn 13 before 3-01-2010

All Players must meet the Grade Requirement by November 15, 2009.

**Club Membership Fee: \$15.00** (all players must be current Boys & Girls Club Members)

(Club Membership allows access to the Boys & Girls Clubs)

**Basketball Players Fee: \$75.00 per player** (includes player's fee & team shirt)

**Team Fee: \$575.00** (no practice at Club location)

### Registration

Starts September 28 2009

Ends October 30, 2009

### Practice

Starting week of

November 2, 2009

### Games

Starting November 13, 2009

Ends January 30, 2010

**You MUST register at the local Clubs: Blackhawk, Carlson, Flodin, Northwest  
2<sup>nd</sup> Congregational Church, Orton Keyes or Our Saviors Lutheran Church.**

**Mites Games played Friday evenings & Saturdays**

**@ Flodin Boys & Girls Club** (Mill & Lyford Roads, Rockford)

*A \$1.00 entry fee will be charged to watch the game for all adults.*

**Midgets Games played Friday evenings & Saturdays**

**@ Carlson Boys & Girls Club** (1028 Evans Ave., Machesney Park)

**@ 2<sup>nd</sup> Congregational Church Boys & Girls Club** (318 N. Church, Rkfd.)

*A \$1.00 entry fee will be charged to watch the game for all adults.*

Players must provide a copy of Birth Certificate, Grade Verification and completed Sports Application.

All Fees must be paid in full prior to the first scheduled practice.

Registration is done on a first come basis. Once the program is full, registration will end.

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INTERESTED IN COACHING???

PLEASE COMPLETE AND RETURN WITH COACHING APPLICATION.

Player's name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_ List Players or Coaches you wish to play with: \_\_\_\_\_

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Further Information contact the Boys & Girls Club or Rockford Administration office at  
815-972-5973