BOYS & GIRLS CLUB
OF WEST SPRINGFIELD

YOUTH SPORTS REGISTATION FORM

Please circle which program you are registering for.

- Little Kickers: Ages 5-7 Fridays 4:30-5:15PM May 4th-June 15th
- Junior Strikers: Ages 8-10 Fridays 5:30-6:15PM May 4th-June 15th

Child's Name: _____ **Date of Birth:** _____ **Grade:**____

Address: _____

Parent(s)/Guardian(s) Names: _____

E-Mail Address: _____

May we send you emails about upcoming programs/events? ❒Yes ❒No

Home Phone: _____ **Cell Phone:**_____

Emergency Contact Numbers:

1. Name:_____
Relationship to child (Mom, Dad, Aunt, Brother etc.)_____
Phone Number/Numbers: _____
2. Name:_____
Relationship to child (Mom, Dad, Aunt, Brother etc.)_____
Phone Number/Numbers: _____
3. Name:_____
Relationship to child (Mom, Dad, Aunt, Brother etc.)_____
Phone Number/Numbers: _____

***Are there any special health concerns? (Example: Allergies/Asthma)**
1. _____
2. _____
3. _____

Spaces are limited return by April 25, 2018.

Parent/Guardian Signature:_____ **Date:**_____

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