

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF WEST SPRINGFIELD**

Soccer Registration

Fee: \$10.00 per/person

Name: _____

Age: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Emergency Contact Number: _____

_____: Please check here if you would like to coach. **Volunteers Needed**



Paid: _____

I give my child permission to attend the boys & girls club intramural sports program and also give permission to the boys & girls club to obtain medical emergency attention if I can not be reach.

**MUST BE SIGNED BY PARNET/GUARDIAN IF CHILD IS UNDER 18
YEARS OF AGE.**

Parent/Guardian Signature: _____

Date: _____

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BOYS & GIRLS CLUB
OF WEST SPRINGFIELD

Boys & Girls Club of West Springfield
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