

JAMES M. FAIRWEATHER  
President, Board of Directors



WENDY ALLEGRONE LESLIE  
Executive Director

of Assabet Valley  
"The Positive Place for Kids"

**REGISTRATION FORM**

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_

Gender: Male/Female

Parent/Guardian's Name: \_\_\_\_\_

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

Town: \_\_\_\_\_

Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Allergies/other medical concerns: \_\_\_\_\_

**Is your child a member of The Boys & Girls Club?                      YES    NO**  
(Membership is \$40/per year, per child. Yearly Membership is from July 1 – July 1.)

**PROGRAM INFORMATION**

**\*Please list all the programs you are registering for:**

Program Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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Program Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Any parent interested in coaching or assistant coaching please check: Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Coaches Email: \_\_\_\_\_

Special Requests: \_\_\_\_\_

**Consent to Release Form:**

*I allow my child to join The Boys & Girls Club of Assabet Valley and participate in the activities allowed by our family physician. I understand that failure to comply with the rules and regulations of the club may result in the cancellation of my child's membership with no refund of dues. I understand that I will assume full responsibility for any accidents incurred, thereby releasing The Boys & Girls Club of Assabet Valley, its staff, volunteers, and directors of all liabilities.*

*Furthermore, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Boys & Girls Club of Assabet Valley to transport my child to a hospital or medical facility nearby, and to secure for my child the necessary medical treatment.*

*I allow my child to participate in activities in the club, along with outdoor activities at Alumni Field and in-town field trips.*

***I also understand the nature of The Boys & Girls Club's "Open Door Policy" which allows members to enter and exit under their own will. I will instruct my child as to his/her proper entrance and exit procedures.***

***I understand that my child may be used in photos, videos, literature, and news releases in club publications and local media.***

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18, parent/guardian signature required)

Method's of Payment: Cash, Check, Credit Card: MasterCard, Visa, Amex  
Please make checks payable to The Boys & Girls Club of Assabet Valley  
Any Questions please call the Boys & Girls Club @ (978) 461-2871

212 GREAT ROAD, MAYNARD MA 01754  
PHONE/FAX (978) 461-2871  
WWW.BGCAV.ORG