



BOYS & GIRLS CLUBS
OF UNION COUNTY

ATHLETIC APPLICATION

PROGRAM: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ M/F? _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

MOTHER'S NAME: _____ PHONE NUMBER: _____

FATHER'S NAME: _____ PHONE NUMBER: _____

EMAIL ADDRESS _____

CHILD'S TEE SHIRT SIZE: LARGE MEDIUM SMALL ADULT CHILD

SPECIFIC COACH/PRACTICE REQUEST: _____

I give permission for my child (name) _____ to participate in the Boys and Girls Clubs of Union County, Union Club Athletic League Program. I understand that my child must meet all program requirements. Violating these requirements could result in dismissal from the program.

I am interested in Coaching. CONTACT #: _____

I need more information on Coaching, please call me. CONTACT #: _____

I am not interested in Coaching.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

RECEIPT#: _____ DATE PAID: _____ STAFF INITIALS: _____