

TORRESDALE BOYS CLUB REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

e-mail address _____

TBC Use Amount _____
Check # _____ Or Cash
Initials _____

Family's Last Name

Phone Number

Father's Name

Mother's Name

Street Address

City

Zip

	Child's Name	Sex	Birthdate	Age	Sport
1					
2					
3					
4					
5					

Parent or Guardian Permission:

I, The Father, Mother or Guardian, do hereby approve of the participation of my above named children (or wards) in any athletic activities of the Torresdale Boys Club program. I represent that my child(ren), or ward(s) enjoy good health and is/are able to participate in competitive sports.

I also release Torresdale Boys Club and any of its officers, directors, managers, coaches, or sponsors, from all liabilities for personal injury or property damage resulting from participation in any athletic activity in which my child(ren) or ward(s) may take part.

I will return any uniform(s) and equipment that were given to my child(ren) or ward(s) and will be responsible for any cost of the uniform(s) and equipment if not returned at the end of the season.

Parent or Guardian's Signature

Date

Are you interested in coaching? Yes _____

What sport? _____

Do you receive our newsletter? Yes _____

No _____

VISIT OUR WEBSITE AT: www.torresdaleboysclub.net/