



**Boys & Girls Club of El Dorado
Basketball Athletic Contract
(PLEASE PRINT)**

OFFICE USE ONLY	
Date Paid	____/____/____
Amount \$	_____
Receipt #	_____
Initialed	_____

Program _____

Child's Name _____ Male Female

Mailing Address _____ E-mail _____

Phone# _____ Age _____ Date of Birth _____ (mm/dd/yyyy)

(2nd)Phone# _____ Grade _____ School _____ Club # _____

Neither the Boys & Girls Club of El Dorado nor the team sponsor will be held liable by the undersigned for any injuries received while participating in this athletic program.

Member Signature _____

Parent/Guardian (PRINT) _____ Parent/Guardian (Signature) _____

Last Year Played For: _____

*Coach Request _____ Would Parent like to Coach? Yes No

*We cannot assure a specific coach, but will take request into consideration when assigning a team.

Jersey Size (Youth) S M L (Adult) S M L XL Comments: _____

Short Size (Youth) S M L (Adult) S M L XL _____