

201 Erie Street
Owego, NY 13827
(607) 687-0690

Tioga County Boys & Girls Club Youth Program Registration Form

Please Print Clearly

Interested in Helping? Please Check one:

I would like to be a coach I would like to be an assistant coach I would like to volunteer

SPORT: _____

PLAYER INFORMATION

Last Name	MI	First Name	Gender	Birthdate	Grade	School
Phone Number	Address		City	State	Zip Code	
Membership Status:	New	Current	Member #:	Shirt Size (if applicable): Youth - S M L XL		

PARENT/GUARDIAN INFORMATION

Adult - S M L

Last Name	First Name	Address (if different from child)		City	State	Zip Code
Relationship to Child	Email Address		Home Phone Number		Cell Phone Number	
Last Name	First Name	Address (if different from child)		City	State	Zip Code
Relationship to Child	Email Address		Home Phone Number		Cell Phone Number	

**The TCBGC strives to provide the best opportunities possible as well as being prepared for your child's needs.
While the completion of the following medical information is not required, it is beneficial to TCBGC staff.**

Child's Physician	Address	Phone Number
Medical Insurance Provider	Policy Number	
Date of last physical exam	Date of last tetanus shot	

Dietary modifications/Allergies

Current Medications

I have read the above and completed this form to the best of my knowledge.

Signature of parent or legal guardian	Date
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