

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		
Membership Status:	New	Current	Member# _____	Shirt Size (if applicable) Youth – S M L XL		
				Adult – S M L XL		

PARENT/GUARDIAN INFORMATION

Last Name	First Name	Address (if different from child)	City	State	Zip
Relationship to Child	E-Mail 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