**201 Erie Street**

**Owego, NY 13827**

**(607) 687-0690**

**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**

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

**Please Print Clearly**

**Tioga County Boys & Girls Club**

**Youth Program Registration Form**