

# 2009 Fall Volleyball Registration

Girls Place, Inc.



**12-MONTH MEMBERSHIP FEE**  
\$20.00 (first child) \$15.00 (each sibling)

Fees: \$75

Registration Number: \_\_\_\_\_

2101 NW 39 Avenue Gainesville, FL 32605 ~Main office phone: 352 373-4475 ~ Program office phone: 352 378-8664 ~ Fax: 352 373-5550  
Email: \_\_\_\_\_ org ~ www.girlsplaceinc.org

## Child Information

Child's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

T-Shirt Size: **Youth**      Small      Medium      Large

**Adult**      Small      Medium      Large

Child's Name (First & Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

T-Shirt Size: **Youth**      Small      Medium      Large

**Adult**      Small      Medium      Large

## Address

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

## Parent Information

Mother's/Guardian's Name (First and Last) \_\_\_\_\_

Email (**checked regularly**) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Father's/Guardian's Name (First and Last) \_\_\_\_\_

Email (**checked regularly**) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Cell Number \_\_\_\_\_

**Emergency Contact** (Please consider someone outside of your household with alternate contact information if neither parent can be reached.)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Girls Place, Inc.

The following information is optional and ONLY used to assist us in obtaining funding and various grants. THIS INFORMATION WILL BE HELD CONFIDENTIAL.

**Child resides with** (Circle all that apply)

Mother    Father    Stepfather    Stepmother    Grandparent    Aunt/Uncle    Foster Parent

Other (please identify): \_\_\_\_\_

**Annual family income** (Check one)

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> 0 - \$17,000    | <input type="checkbox"/> \$17,000 - \$20,000 | <input type="checkbox"/> \$20,000 - \$23,000 | <input type="checkbox"/> \$23,000 - \$26,000 | <input type="checkbox"/> \$26,000 - \$29,000 |
| <input type="checkbox"/> \$29,000-32,000 | <input type="checkbox"/> \$32,000 - \$35,000 | <input type="checkbox"/> \$35,000 - \$38,000 | <input type="checkbox"/> \$38,000 - \$41,000 | <input type="checkbox"/> \$41,000 - \$44,000 |
| <input type="checkbox"/> \$44,000-47,000 | <input type="checkbox"/> 47,000 - \$50,000   | <input type="checkbox"/> \$50,000 - \$53,000 | <input type="checkbox"/> above \$53,000      |  |

**Total people in household** \_\_\_\_\_

**Race** (Circle all that apply)

White    Black    Asian/Pacific Islander    Hispanic    American Indian/Alaska Native

Other: (identify) \_\_\_\_\_

**How did you hear about the Girls Club** (Circle any that apply)?

Referral from friend    Saw facility    Read about it    Received handout

Other (please identify): \_\_\_\_\_

---

**Medical Information**

Doctor: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Medical Ins. Co. Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Hospital: \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_

Present Medical Problems and Chronic Conditions (epilepsy, asthma, etc):  
\_\_\_\_\_

Allergies (drugs, insect bites, etc): \_\_\_\_\_

Medicines taken regularly (medication cannot be distributed by Girls Place staff without a signed medical form and the medication must be provided by the parents – including Tylenol, inhalers, etc.): \_\_\_\_\_  
\_\_\_\_\_

Special Precautions/ Other: \_\_\_\_\_

---

**Please initial below**

By initialing below I, as the parent or legal guardian, acknowledge the following information or policies. I understand that my initials are not required for the photo release.

\_\_\_\_\_ **PAYMENT POLICY:** The membership fee must accompany this application for registration to be accepted. All fees are due in advance before your child participates.

\_\_\_\_\_ **REFUND POLICY:** I understand that once my child is placed on a team, I will not be eligible to receive a refund. If an extenuating circumstance-- such as injury or illness-- should arise, the executive director shall make the final decision regarding refunds.

\_\_\_\_\_ **PHOTO RELEASE:** I understand that during activities and events at the Girls Place, Inc. my child may be photographed or videotaped by Girls Place, Inc. staff. I agree that my child or her likeness can be used in Girls Place, Inc. publications including newsletters, fliers, and brochures in addition to local newspaper and television promotions.

Girls Place, Inc.

**NON-SUFFICIENT FUNDS (NSF) POLICY:** All NSF checks will be charged a \$10 NSF fee. Please pay for all NSF checks with cash or money order, as they will not be re-deposited. After two returned checks within one year, cash payments will be required thereafter for services plus any bank services accrued by Girls Place, Inc.

---

I have read and fully understand the contents of this application. I have completed the application to the best of my knowledge and ability. I understand that if any information listed in this application changes, I will notify GIRLS PLACE, INC. immediately. The child/children listed above has/have my permission to participate in the activities sponsored by GIRLS PLACE, INC. as noted on the SPRING VOLLEYBALL registration form. In the case of an emergency an alternate person will be called if the parent(s) can not be reached by phone. The undersigned, individually and as parent or guardian of the participant, hereby authorize GIRLS PLACE, INC. to carry out any measures deemed necessary should an emergency occur, including at the expense of the undersigned, appropriate medical treatment for the participant, and hereby releases GIRLS PLACE, INC., its employees and agents, from any liability or claims arising out of the participant's engagement in the above described events.

---

Signature of Parent / Guardian

Date

---

***Questionnaire (Please complete as much of the questionnaire as possible.)***

1. How many minutes of physical activity (i.e., *free play, organized sports, bike riding*) does your child get outside of Girls Place during the week? \_\_\_\_\_

2. Has your child participated in other Girls Place programs? If so, which programs?

---

4. What additional activities or programs should the Girls Place staff consider that would be of interest to you or your child?

---

5. What do you expect your child to gain this volleyball season at the Girls Place?

---

6. Would you be interested in sponsoring a team this season? (\$150-\$500) If not, please list any person or business that you know might be interested in sponsoring the Girls Place Athletic Program this Volleyball Season.

---

7. Would you be interested in making a \$25-\$100 donation for apparel or equipment?

---

8. Would you be interested in sponsoring a child in order to participate in the 2008 Volleyball Season?

---

9. How would you describe your child's skill level in Volleyball? (Beginner, Intermediate, or Advanced)

---

Additional Comments or Requests (Not all requests can be accommodated)

---

---

---

---