



**BOYS & GIRLS CLUBS  
OF SOUTHEAST GEORGIA**

# REGISTER TODAY

**DON'T MISS OUT ON  
A GREAT TIME!**

## **BASKETBALL LEAGUE**

**MUST SIGN UP BY January 31st.**

This is an instructional / recreational league and we welcome all skill levels for this fun and informative Basketball league.

**REGISTRATION FEE: \$20 per season  
includes t-shirt and trophy**

## **BASEBALL LEAGUE**

**MUST SIGN UP BY MARCH 25th.**

This is an instructional / recreational league and we welcome all skill levels for this fun and informative Baseball league.

**REGISTRATION FEE: \$20 per season  
includes t-shirt and trophy**

**SIGN UP FOR BOTH For only \$30!**

# [www.apositiveplace.net](http://www.apositiveplace.net)

BOYS & GIRLS CLUBS OF SOUTHEAST GEORGIA  
PO BOX 1193  
BRUNSWICK, GA 31522  
912-265-1455

Terrill Thomas - 265-1455  
St. Simons - 638-6639  
The Club at Jane Macon - 265-3337 ext. 4649

McIntyre Court - 262-6011  
Glynnvilla - 264-9882



BASKETBALL/ BASEBALL LEAGUE  
2011 PROGRAM APPLICATION

Basketball  Baseball

(check one or both league you are signing up for)

PLAYER INFORMATION

Name of Player : \_\_\_\_\_  
(last) (first)

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City \_\_\_\_\_

State / Zip: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

how long have you been in the USA \_\_\_\_\_ Ethnic Origin: ( ) Asian ( ) Black ( ) Hispanic  
( ) Native ( ) Indian ( ) White

T shirt size: \_\_\_\_\_

Name of Parents/Guardian \_\_\_\_\_

address if differs from above \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home: \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

In case of Emergency notify the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Physician or Clinic that you usually consult for medical care \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscribers Name \_\_\_\_\_ SS# \_\_\_\_\_

Permission For Treatment: If your child is a minor (under 18 years of age) you as a parent or legal guardian must sign this consent from so that the BASKETBALL/BASEBALL LEAGUE Program can provide appropriate diagnosis and treatment and provide emergency health service procedures maybe promptly carried out with no unnecessary delay. Without a signed permission for treatment your minor (child) unless an emergency exists or his/her presenting condition is exempted from requiring parental consent and or notification. Even with a signed permission for treatment we will contact and fully inform you as parent or legal guardian before performing any major diagnostic treatment procedure except in the case of an emergency. It should be understood that under certain circumstances your son/daughter will be transported for diagnosis and treatment.

I certify that the foregoing information is true and complete to the best of my knowledge. I give my permission to the Boys & Girls Clubs of Southeast Georgia to furnish such diagnostic, therapeutic, voluntary immunization and operative procedures and transportation as may be needed for my son/daughter who is under the age of 18 years. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as the result of treatment or examination.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Players Signature: \_\_\_\_\_ Club: Terrill Thomas / St. Simons / Jane Macon  
(circle one)



BASKETBALL/ BASEBALL LEAGUE  
2011 PROGRAM APPLICATION

Player Release & Waiver

The undersigned agrees as follows:

1) For both internal and external use, I acknowledge that BASKETBALL/BASEBALL LEAGUE Program may compile address mailing labels and may utilize photographs of the player named herein (the 'player') and the players' parents and family. I consent to these uses and hereby waive all rights to compensation;

2) To accept this registration and permit participation in BASKETBALL/BASEBALL LEAGUE Program by the player, I, the parent or guardian of the player, hereby (a) acknowledge that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players; (b) give my consent for the player to participate in any and all BASKETBALL/BASEBALL LEAGUE Program, including transportation of the player to and from the activity; and (c) agree to release, indemnify and hold harmless BASKETBALL/BASEBALL LEAGUE Program, its officers, directors, employees, agents and sponsors, BASKETBALL/BASEBALL LEAGUE Program, Boys & Girls Clubs of Southeast Georgia, officials, managers, coaches, volunteers, agents, sponsors (collectively, the 'Covered Persons'), from any claim arising out of injury to the named player, whether the result of negligence or for any other cause; provided, however, that with respect to Covered Persons transporting the player to and from activities, this Waiver and Release shall apply except to the extent of available insurance;

3) I hereby grant my permission to, and do hereby authorize BASKETBALL/BASEBALL LEAGUE Program, through any of its managers, coaches, officers, directors or agents, or through any person holding an originally signed or copy of this Consent, to seek and to cause to be provided for the player, any medical care or treatment, including emergency surgery and/or blood transfusions, which they or any one of them deems appropriate for the player while the player is under their care and supervision, and the undersigned does hereby consent to such medical care treatment. I further authorize any provider of medical care or treatment to accept and rely upon this Consent as if I were personally present to provide such consent.

Name of player:

\_\_\_\_\_

Signature of Parent or Guardian:

\_\_\_\_\_

Date \_\_\_\_\_



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912-265-1455

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