

**Registration Form**  
**College Park Boys and Girls Club**  
[www.cpbgc.org](http://www.cpbgc.org) / 301-474-7939

Child 1<sup>st</sup> Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Birth Year \_\_\_\_\_ Month/Day \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_  
 School \_\_\_\_\_  
 Parent 1 \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent 2 \_\_\_\_\_ Phone \_\_\_\_\_

*Check ("x") Sports for this Registration Only*

<u>Sport</u>	<u>Cost</u>	<u>Sport</u>	<u>Cost</u>
County Spring Soccer _____	\$50.00	County Fall Soccer _____	\$50.00
PGSL Spring Soccer _____	\$70.00	PGSL Fall Soccer _____	\$70.00
MSI Spring Soccer _____	\$125.00	MSI Fall Soccer _____	\$125.00
Baseball _____	\$50.00	Lacrosse _____	\$90.00
Softball _____	\$50.00	Cheerleading _____	\$55.00
T-Ball _____	\$50.00	Basketball _____	\$50.00

*For Club Use Only*

County Fees: _____ (\$20)	Membership Card: _____
Family Fee: _____ (\$10)	Yellow Card: _____
Sport Fee: _____	Proof of I.D. _____
Service Hr. Fee: _____	Family Hrs 2009 _____
<b>Total Fees:</b> _____	
Less Credit: _____	
<b>Amount Due:</b> _____	
Amount Paid: _____	Check # _____ or Cash _____
<b>Balance Due:</b> _____	

*The College Park Boys and Girls Club is a 100% Volunteer Organization. Our Success is dependent upon the Support and Dedication of our parents and friends. Please check (x) those areas where you can help.*

**Coaching**

C-Baseball \_\_\_\_\_  
 C-T-Ball \_\_\_\_\_  
 C-Softball \_\_\_\_\_  
 C-Lacrosse \_\_\_\_\_  
 C-Basketball \_\_\_\_\_  
 C-Soccer \_\_\_\_\_  
 C-Cheerleading \_\_\_\_\_

**Administration**

Registration \_\_\_\_\_  
 Equipment \_\_\_\_\_  
 Website \_\_\_\_\_  
 Email Tree \_\_\_\_\_  
 Phone Calling \_\_\_\_\_

**General Activities**

Snackbar \_\_\_\_\_  
 Parade \_\_\_\_\_  
 Groundskeeping \_\_\_\_\_  
 Social Events \_\_\_\_\_

***My child, listed above, has my permission to join the CPBGC. I waive any claims against CPBGC or any of it's agents, in the event of an accident to my child. As an adult member, I agree to abide by the by-laws and policies of the CPBGC. I agree that my family will volunteer a total of 10 SERVICE HRS PER YEAR or PAY A FEE of \$5.00 per hour not worked.***

Adult Member Signature \_\_\_\_\_ Date: \_\_\_\_\_