



**The Boys & Girls Club of Clifton
PRESENTS
2020 – 2021 WISL
WINTER INDOOR SOCCER**



REGISTRATION

Monday November 16th – Wednesday December 23rd

How to register: Go online to use our Parent Portal at: parentportal.bgccifton.org/ or you can download a registration packet from our website. After completion, you can drop off the form in the Boys & Girls Club of Clifton mailbox. (Located outside the main entrance of the Club)

Club Membership Required: \$40.00 (must be a current registered Boys & Girls Club member from November until March)

Activity Fee: \$25.00 (includes soccer jersey, regular season, playoffs, City Cup Championship, League Recognition Celebration Awards Night)

NUMBER OF PLAYERS LIMITED PER DIVISION

4 League Divisions (ages)

6 & 7 years old (Co-Ed)

8 & 9 years old (Co-Ed)

10 & 11 years old (Co-Ed)

12 & 13 years old (Boys)

❖ **The Club would like to have 2 parent volunteers per team.**

The Boys & Girls Club will be following CDC guidelines given to facilities for athletic use including:

- No more than 25 persons in the gymnasium.
- Anyone not participating in the game **MUST** wear a mask.
- Temperatures must be taken prior to entering the building.
- No spectators during games. Only players, coaches, referees, parent volunteers and league managers will be allowed in the building. The full CDC Protocols to help lower the risk of COVID-19 exposure and reduce the spread during competition will be in your Confirmation Packet.
- The Club will not offer pennies for children without uniforms.
- No facility water fountains for season.
- Specific drop off times and pick up times must be followed.
- Siblings cannot be left at the Club.
- Games will be live streamed via Facebook (by invitation only)



****For more guideline details please visit our website: www.bgccifton.org***

**ACTIVITY REGISTRATION
BOYS & GIRLS CLUB OF CLIFTON
WISL 2021 SEASON**

| |
|------------------|
| CLUB USE ONLY |
| PAYMENT _____ |
| RECEIPT # _____ |
| MEMBER EXP _____ |
| MEMBER ID _____ |

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____

Zip Code _____ DOB _____ Age _____ Male/Female

Preferred Number _____ Email Address _____

ACTIVITY (PLEASE CHECK APPROPRIATE BOX)

WISL INDOOR SOCCER

- 6&7(CO-ED)
- 8&9(CO-ED)
- 10&11(CO-ED)
- 12&13 (BOYS)

CIRCLE ONE: BEGINNER EXPERIENCED TRAVELING PLAYER GOALIE YEARS PLAYED _____

EXPERIENCE (where & how long) _____

UNIFORM SIZE _____

SHIRT _____

SHORTS _____

MEMBERSHIP INFORMATION FORM

Boys & Girls Club of Clifton
822 Clifton Avenue
Clifton, NJ 07013
(973) 773-2697 - Front Desk
(973) 773-3103 - Fax

Memberships are valid 1 year from date joined. Please fill out all information!

Dues: \$40.00 for 1 Member \$30.00 for each additional child(ren)

Memberships are non-refundable

If all information is not filled out Membership will be VOID

Member Information: (Please Print)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

(Line 1)

(City)

(State)

(Zip)

Home Phone Number: _____

() - _____

Birth Date: ____ / ____ / ____

Gender: Male Female

Can Child Swim: Y N

School: _____

City: _____

Grade: _____

Special Class: _____

Ethnicity:

- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Multi-Racial
- Other

Medical Information:

Name of Doctor _____

Phone Number: () - _____

Allergies and/or Medications:

INCOME LEVEL

Family Size: _____

Family Income: Circle One

| | | | | | |
|--------------|--------------|-------------|--------------|--------------|-------------|
| Under 13,538 | Under 30,650 | Over 30,650 | Under 32,238 | Under 45,133 | Over 47,712 |
| Under 18,213 | Under 35,000 | Over 35,000 | Under 36,913 | Under 51,678 | Over 54,631 |
| Under 22,888 | Under 39,400 | Over 39,400 | Under 41,588 | Under 58,223 | Over 61,550 |
| Under 27,563 | Under 43,750 | Over 43,750 | Under 46,263 | Under 64,768 | Over 68,469 |

Head of Household (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address: _____

(Line 1)

(Line 2)

(City)

(State)

(Zip)

Phone Number: _____

() - _____

Phone Type:

Home Work Cell

() - _____

Home Work Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Family Setting:

- Divorced
- Single Parent
- Single
- Separated
- Married
- Other

Other Parent / Guardian (Please Print)

First Name: _____

Last Name: _____

Gender:

Male Female

Address:

(Line 1) _____

(Line 2) _____

(City) _____ (State) _____ (Zip) _____

Phone Number:

() - _____

() - _____

Phone Type:

Home Work Cell

Home Work Cell

E-Mail Address: _____

E-Mail Type: Home Work

Employer: _____

Job Title: _____

Occupation: _____

Pick Up Information: (Please Print)

Two people authorized to pick up member - NOT A PARENT/GUARDIAN

1.) **First & Last Name:** _____

Relationship: _____

2.) **First & Last Name:** _____

Relationship: _____

Phone Number:

() _____

() _____

Phone Number:

() _____

() _____

For the Boys & Girls Club of Clifton to maintain programs at the lowest cost to parents we apply for federal funding when available. To receive this funding we must supply them with information including income levels of our membership. We ask for your voluntary cooperation by completing the form below so we can continue to provide our services to the youth of Clifton at an affordable cost to the families.

Check all that Apply

- | | |
|---|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Veterans Compensation |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Day Care Voucher |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> School Lunch |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> SSI | <input type="checkbox"/> 4C's |

Have you ever been involved in the Boys & Girls Club of Clifton? If yes, what years

Would you like to be on our Alumni Mailing list? YES NO

I, _____ do hereby give my son/daughter _____ permission to attend and/or participate in activities, including bus trips to the park and walking trips within the neighborhood, sponsored by the Boys & Girls Club of Clifton, it's employees, associates and contributors, in further consideration of the benefits to be gained by our child we covenant that we will never institute any action by law against the Boys & Girls Club of Clifton, Inc., it's agents, servants and employees, on account of any injury or other loss or damage sustained by our child's participation. Furthermore, I hereby do authorize medical examination and treatment of my son/daughter by a qualified licensed physician in any event of an accident and all efforts to contact the parent/guardian have been exhausted. In addition, I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or non-profit promotional purposes. I also consent to the use of my name in connection therewith.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY

MEMBERSHIP

NEW

CURRENT

LAPSED

OFFICE

ID NUMBER: _____

DATE ENTERED: _____

ENTERED BY: _____

DATE: _____

RECEIPT #: _____

AMOUNT: _____

INITIALS: _____