

Administrative Office
 705 Frontage Road, Suite B
 Kenai, Alaska 99611
 Phone: (907) 283-2682
 Fax: (907) 283-8190
 www.positiveplaceforkids.com



Athletics Department
 227 Caviar St.
 Kenai, Alaska 99611
 Phone: (907) 283-3318
 Fax: (907) 283-4675
 www.positiveplaceforkids.com

Activity you are signing up for:

(Example: 7/8 Basketball, Indoor Soccer, Kenai Clubhouse etc.)

Child's First Name:		Child's Last Name:		Nickname:	
Mailing Address:					
School Child Currently Attends:					
Race/Ethnicity (optional):					
Child's Age:	Date of Birth:	Grade:	Gender:		
Parent/Guardian 1:			Relationship to Child:		
Home Phone:		Cell Phone:		Work Phone:	
Parent/Guardian 2:			Relationship to Child:		
Home Phone:		Cell Phone:		Work Phone:	
Email:					
Emergency Contact Name:			Emergency Phone:		
Parent/Guardian Willing To: <input type="checkbox"/> Coach <input type="checkbox"/> Volunteer <input type="checkbox"/> Sponsor a Team <input type="checkbox"/> Sponsor a Program <input type="checkbox"/> Referee					
Parent/Guardian Currently Certified In: <input type="checkbox"/> Adult CPR <input type="checkbox"/> Child CPR <input type="checkbox"/> Infant CPR <input type="checkbox"/> First Aid					
Has your child previously participated in the program you are registering for?					# of years?
Club your child will attend: <input type="checkbox"/> Homer <input type="checkbox"/> Kasilof <input type="checkbox"/> Kenai <input type="checkbox"/> Nikiski <input type="checkbox"/> Seward <input type="checkbox"/> Soldotna <input type="checkbox"/> Teen Center					
Medical information staff should know about:					
IMPORTANT INFO: To ensure that we continue receiving grant funds, the following information is requested. It will remain strictly confidential. If information is incorrect, please correct it below.					
Race: <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Alaska Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Islander					
Tribal Affiliation:			Native Corporation:		
Total # of Children in household:		Total # of Adults in household:			
Gross Monthly Income(s): (Include all income of all household adults, including non-family members, before taxes.)					
<input type="checkbox"/> 0 - \$1,300 <input type="checkbox"/> \$1,301 - \$2,000 <input type="checkbox"/> \$2,001 - \$3,000 <input type="checkbox"/> \$3,001 - \$4,000 <input type="checkbox"/> \$4,001 - \$5,000 <input type="checkbox"/> over \$5,000					

As parent or legal guardian of the above named child, I hereby give my consent for him/her to participate in any and all club activities or athletic programs for which s/he is registered. I give my consent for the Club to utilize photographs of my child taken during his/her involvement in the Club and waive all rights of compensation. I am aware of the inherent risks involved in participation with some club activities or programs, which may include paralysis, death, or other permanent physical injury, and will ensure that my child is fully prepared for participation. I take full responsibility for any and all accidents and injuries which may be sustained by my child during this activity and understand that the Boys and Girls Clubs of the Kenai Peninsula does not assume responsibility for accidents of injuries which occur. If my child becomes ill or is injured while participating in his/her registered club activity or athletic program and I cannot be reached immediately, I give my permission for my child to be treated promptly at an emergency medical facility.

I understand that upon gaining membership, my child (if age 6 and in 1st grade - 18 yrs.) is able to participate in Clubhouse activities.

REFUND POLICY: B & G Club dues are non-refundable. Activity fees (exp. athletics/dance/guitar) refunded up until one week before the date of the first scheduled game or class (minus a 20% admin. fee). After that time, no refunds would be issued. If the child is physically unable to participate and a doctor's note is provided, an 80% refund will be issued. Additional fees are charged above the membership dues for the Summer Clubhouse Program.

I have read, understand, and agree to all terms and conditions stated above.

Signature of Parent/Guardian			Date		
For Office Use Only		Staff Initials:		Membership Fee \$	
Credit Card #		Exp. Date:		Program Fee \$	
Check #	Cash	Scholarship Level(%):		Total Paid \$	