

**APPLICATION FOR PARTICIPATION IN  
BRUNSWICK JUNIOR RAILROADERS BOOSTERS, INC  
(PLEASE PRINT CLEARLY)**

School (circle one) BES VES CMES BMS HS PS OTHER \_\_\_\_\_ Grade 2018 \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_ HOME NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDITIONAL PARENT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

**NAME & PHONE NUMBER OF EMERGENCY CONTACT IF OTHER THAN PARENT / GAUARDIAN**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Physical conditions that the staff should be aware of? (No) (Yes) Explain \_\_\_\_\_

Allergies? (No) (Yes) Explain \_\_\_\_\_

\_\_\_\_\_ We hereby authorize and consent to our child's participation with BJR and assume all risk of injury, to include loss of life. We understand and agree that we are responsible for all medical bills and costs of injuries and accidents that may occur during participation. We agree to release and hold harmless the BJR Boosters, Inc., its members, volunteers, all coaches, and all other agents from any claims, costs, suits, actions, judgements and expenses arising from our child's participation.

\_\_\_\_\_ We understand that the above-named minor will be issued equipment that we will be financially responsible for and agree to pay the full replacement cost if lost, stolen or damaged while responsible for them. All uniforms need to be returned by **November 01** or paid for in full (\$300 Lacrosse) for my child to be eligible for other BJR programs. Failure to return equipment will result in my child not being eligible to play in future seasons.

\_\_\_\_\_ During the season, BJR staff and/or news media may photograph or videotape participants and publish their images or names for public viewing. BJR cannot control media coverage of events that are open to the public.

\_\_\_\_\_ Each parent (including coaches and board members) will be required to work up to (2) 2 hour sessions in the concession stand, at gate or selling raffles one game for each child they have participating in the league. This time will be before or after your child's game. If you are unable to work on your assigned date and time, it will be your responsibility to find someone to cover your time.

**NO EXCEPTIONS**

\_\_\_\_\_ Refund Policy: A refund request, in writing, must be submitted to the Treasurer of the league. NO refund will be issued until ALL equipment has been returned to the Athletic Director. A refund will be given based on the following schedule; 100% -Sign ups to helmet/google handout, 50% - from uniform handout to 1st week of full padded practice and 0% Day of first game.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**GIRLS** (Grade 3/4) (Grade 5/6) (Grade 7/8)

**BOYS** (Grade 1/2) (Grade 3/4) (Grade 5/6) (Grade 7/8)

PAID \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_ CC \_\_\_\_\_

**PAYMENT PLAN:** Y N NUMBER OF PARTICIPANTS \_\_\_\_\_ APPROVED BY \_\_\_\_\_

PAYMENT 1 – AMOUNT \_\_\_\_\_ DUE DATE \_\_\_\_\_ PAID \_\_\_\_\_ DATE/INT \_\_\_\_\_

PAYMENT 2 – AMOUNT \_\_\_\_\_ DUE DATE \_\_\_\_\_ PAID \_\_\_\_\_ DATE/INT \_\_\_\_\_

PAYMENT 3 – AMOUNT \_\_\_\_\_ DUE DATE \_\_\_\_\_ PAID \_\_\_\_\_ DATE/INT \_\_\_\_\_

**FINANCIAL ASSISTANCE:** Y N NUMBER OF PARTICIPANTS \_\_\_\_\_ TOTAL \_\_\_\_\_

COMMITTEE RECOMMENDATION \_\_\_\_\_

**Received** \_\_\_\_\_ **By** \_\_\_\_\_

**NOTES:**