

1215 SE Hill ST
Albany, OR 97322



BOYS & GIRLS CLUB
OF ALBANY

541-926-6666
athletics@bgc-albany.org

REDUCED FEE APPLICATION

THIS FORM MUST BE ACCOMPANIED BY PROOF OF INCOME OR OTHER CERTIFIED DOCUMENTATION.

Parent Name: _____

Phone Number: _____

Email: _____

Monthly Income (if applying with W-2): _____

1. How many people live in your household? Adults: _____ Children: _____
2. Please list the children in your family, and identify those of which are interested in participating with the BGCA Athletic Department for this year.

Child's Name	DOB	Participating with Athletics
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have read and understand the information on the back of this form, and that the information I have submitted to BGCA Athletic Department is complete and accurate to the best of my knowledge. I authorize BGCA Athletic Department to have access to any records, public or private, to verify or refute the information contained in this application.

Signature of Parent/Guardian

Date

OFFICE USE ONLY	
Approved/Denied By: _____	Amount: 15% 30% Other: Specify: _____
Date Approved: _____	Proof Provided: _____
Additional Information: _____	

REDUCED FEE POLICY

The BGCA Athletic Department uses the same income guidelines for Reduced Fees as the school district does to determine who receives free or reduced school lunches. If your child(ren) is eligible for free or reduce lunches, they most likely will qualify for a discount from the BGCA Athletic Department. For our regular sports seasons, the discount amount you may receive can vary from 15% to 30% off the full registration cost, not including try-out fees, late fees or any fees that may arise. No discounts will be given for any camps, clinics or High School League sports. Please contact our office if you have any questions.

Proof of income, unemployment, the award letter stating your child's/children's eligibility for free or reduced lunches or financial aid **MUST** be provided. The award letter may be obtained from the district office. You may also provide a statement of benefits from the Oregon Department of Human Services dated within the last 6 months. We **WILL NOT** accept an Oregon Trail card or OHP/LIPA verification.

Proof of income may be 1 month of pay stubs with a year-to-date figure **OR** a tax statement (such as a W2 from the previous year).

YOUR CHILD(REN) IS NOT REGISTERED UNTIL WE RECEIVE PAYMENT. As a result, he or she will not appear on a roster and is ineligible for participation (including practices) until the fees are paid. We recommend registering your child for the program, selecting a payment plan option, making the first payment, and then applying for a reduced fee with the Athletic Department. Once your application has been Approved or Denied, you will receive an email stating as such. If your application is approved, you will be informed as soon as your discount has been applied to your account. At that time, you may log into your account and pay the remainder of your balance or stick to the payment plan option that you selected.

If we do not receive payment by the registration deadline, there is no guarantee that the BGCA Athletic Department can hold a place on a team for your child.

Contact Information
Greater Albany Public Schools
Nutrition Solutions
541-967-4622