MollenkopF FAMILY BRANCH *Membership expires at end of 24-25 School Year Asranchsports@sdyce www.SDyce * Return this form to BGC with payment (CC, Check, Cash) & Membership Form if player us not already a member. PLAYERS INFORMATION Male Female (Circle) Age Date of B Player's Name Male Female (Circle) Age Date of B Parent Email Address Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YX AS AM AL	arkway 92127 6-2230 outh.org outh.org
Cost: \$120 (+ Membership \$60) *Membership expires at end of 24-25 School Year BOYS & GIRLS CLUBS OF GREATER SAN DIEGO MOLLENKOPF FAMILY BRANCH (858) 67 (858) 67 (95) 00 (010) PLAYERS INFORMATION Player's Name PLAYERS INFORMATION Player's Name Male Female (Circle) Age Date of B (Circle) Player's Name Male Female (Circle) Age Date of B (Circle) Parent Email Address Mame of School Trs of VB Experience YS YM YX AS AM	92127 6-2230 outh.org outh.org
Cost: \$120 OF GREATER SAN DIEGO (858) 67 (+ Membership \$60) MOLLENKOPF FAMILY BRANCH Asranchsports@sdyc *Membership expires at end of 24-25 School Year CHANGING LIVES. WWW.SDyc * Return this form to BGC with payment (CC, Check, Cash) & Membership Form if player us not already a member. PLAYERS INFORMATION PLAYERS INFORMATION Male Female Age Date of B Player's Name Male Female Age Date of B Of Grade Level Circle One Name of School Male of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience Yrs of VB Experience YS YM YL YX AM AL	6-2230 outh.org outh.org
MollenkopF FAMILY BRANCH *Membership expires at end of 24-25 School Year Asranchsports@sdyce www.SDyce * Return this form to BGC with payment (CC, Check, Cash) & Membership Form if player us not already a member. PLAYERS INFORMATION Male Female (Circle) Age Date of B Player's Name Male Female (Circle) Age Date of B Parent Email Address Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YX AS AM AL	uth.org uth.org
*Membership expires at end of 24-25 School Year CHANGING LIVES. WWW.SDyc * Return this form to BGC with payment (CC, Check, Cash) & Membership Form if player us not already a member. PLAYERS INFORMATION PLAYERS INFORMATION Male Female (Circle) Age Date of B Player's Name Male Female (Circle) Age Parent Email Address Grade Level Circle One (Stroke One Stroke On	outh.org
* Return this form to BGC with payment (CC, Check, Cash) & Membership Form if player us not already a member. PLAYERS INFORMATION Player's Name Male Female (Circle) Age Date of B Parent Email Address Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
PLAYERS INFORMATION Male Female (Circle) Age Date of B Player's Name Male Female (Circle) Age Date of B Parent Email Address (Circle) Parent Email Address Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience Yrs of VB Experience YS YM YL YXL AS AM AL	<u>irth</u>
Player's Name Male Female (Circle) Age Date of B Parent Email Address Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	<u>irth</u>
Parent Email Address (Circle) Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	<u>irth</u>
Parent Email Address Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
Grade Level Circle One Name of School 3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
3rd 4th 5th 6th 7th 8th Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
Jersey Size Circle One YS YM YL YXL AS AM	
Jersey Size Circle One Yrs of VB Experience YS YM YL YXL AS AM AL	
YS YM YL YXL AS AM AL	
Play on a Club/AAU VB team? Buddy Request. We will do our best to honor a MUTUAL buddy request if possible, but not guaranteed. Must attend Player	
Assessments for any buddy requests to be considered. Write	
PARENT INFORMATION	
Mother/Guardian Name Phone #	
Father/Guardian Name Phone #	
Practices are on Wed, Thurs, or Fri for 50-60 min. between 4:30pm-8:30pm (older divions have later time slots). Please li you have a conflict in which they would NOT be able to practice. List only ONE conflict day and we will do our best to accommodate.	st if
I WOULD LIKE TO VOLUNTEER AS A COACH? Yes No If yes, please list your name and contact info.	
No experience necessary just enthusiasm and patience. Club Director will be more than happy to help	
teach coaching fundementals.	
Name Phone # Email Address	
Player & Parent Code of Conduct I hereby pledge to live up to the Boys & Girls Clubs of Greater San Diego code of conduct. I will remember that youth sports are for Boys & Girls C children not for adults and will place the emotional and physical well-being of all players ahead of any personal desire to win. I will lead, by example demonstrating fair play and sportsmanship to all players. I will encourage good sportsmanship by demonstrating positive support for all players, parents, fans, and officials with respect regardless of race, sex, creed or ability. I und that if I fail to meet any of the pledges mentioned above I may be asked by the Boys & Girls Clubs officials to leave the premises. I will do so and desire make arrangements for a meeting with League Director & Executive Director. I understand that by my signature I am responsible for other members of my family that attend any Boys & Girls Clubs Special Events. We are unable to give refunds after March 22nd, 2025 (3/22/25). By signing this form, I as a parent understand and give my child permission to participate in all SPORTS LEAGUE activities. I agree to indemnify harmless instructors, sponsors, officials nor employees or directors of the Boys & Girls Clubs of Greater San Diego. I also have read and agree t the Player & Parent Code of Conduct. I give my consent for emergency first aid by the Boys & Girls Club and for emergency treatment by license physician or hospital. Parent Signature Date	ole, in arents derstand if or hold o follow
OFFICE USE ONLY	
Date received Amount paid Receipt # Membership #	