

2018-19 Y.E.L.L. SCHEDULE SEASONAL REGISTRATION*

The Y.E.L.L. squad is a school-year program that offers seasonal opportunities for youth to develop skills while supporting our leagues (Flag Football, Soccer, & Basketball) and special Club events.

INITIAL ROUND - Fall 2018- Flag Football

Registration Open:.....Aug. 1st- Sept. 7th
Coaches Meeting @ Admin 5:30-7:30p.m.....Sept. 7th
Season Games start - FRIDAYSept 28th
Final Games - FRIDAYNov 2nd
*Rain out dates only: Nov. 9 & 16

SECOND ROUND - Winter/spring 2019

Youth Basketball—Spring 2019
Dates TBD. See Branch for more information.

- **OPEN REGISTRATION DATES FOR YELL ARE BASED ON LEAGUE SCHEDULES - ALL ARE SUBJECT TO CHANGE BY BGCA.**

- Registration dates are **ONLY** open at seasonal times. Youth may participate all year but only have to register &/or buy uniform **ONCE**. Most games are on Fridays or Saturdays at a local Sports Complex or at another BGCA Arlington Club/gym. Times TBD. See your coach **OR Boys & Girls Club Staff** for more info on program schedule, practices, and any additional expectations.

- Ages 6-14
- Boys & Girls can join!
- Low Cost
- Year-round development activities & events
- Program Fee Includes YELL squad Jersey, shorts/pants, & cheer gear !

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF ARLINGTON



CONTACT YOUR CLOSEST BRANCH FOR INFO:

Main Branch— 608 N. Elm St. Arlington TX. 76011
North Branch— 2020 Baird Farm Rd. Arl TX. 76006
East Branch— 2011 Wynn Terrace, Arlington TX. 76010
Don Kromer Branch— 200 E. Cravens Pk Dr. Arl TX. 76018
Administrative— 817-275-6551 www.bgearlington.org

LEAGUE BENEFITS

- Learning lessons about teamwork and sportsmanship (e.g., respect for officials, coaches, and other participants)
- Forging relationships with positive adult role models and mentors, including Club staff, coaches and volunteers
- Improved fitness, conditioning and enhanced stress management skills

VOLUNTEER COACHES NEEDED!

Become a coach or assistant coach for ANY of our athletic programs. *Experience preferred but not necessary.* **Must complete a volunteer application for '17-18 and pass a background check.** Must also participate in a coach's clinic & training for each specific sport. Training provided online through the National Youth Sports Coaches Association. Our coaches receive membership in NYSCA and lots of added benefits!¹
CALL US OR SEE YOUR BRANCH STAFF TODAY!



Y.E.L.L. SQUAD
LEAGUE 2018-2019

Boys & Girls

Ages 6-14 yrs

www.bgearlington.org

817.275.6551

LEAGUE MISSION

To provide young people with opportunities for friendship, sportsmanship, skill development and healthy use of free time that will lead into successful adulthood.
***THIS IS A SKILL DEVELOPMENT LEAGUE**



BOYS & GIRLS CLUBS
OF ARLINGTON

2018-19 Y.E.L.L. SQUAD

(Coed, Boys & Girls - Age 6-14)



PROGRAM INFORMATION: The Y.E.L.L. squad is a school-year program that offers seasonal opportunities for youth to develop skills while supporting our leagues and special Club events. See other side for more info on seasonal registration dates & schedules.

PROGRAM SCHEDULE: **Fall Schedule starts Friday, Sept 28th** ~ SEE BRANCH MANAGER FOR UP TO DATE INFO ON PROGRAM/ EVENT SCHEDULE & TRANSPORTATION TO EVENTS. ~ **Location for Games & Events:** Most games are on Fridays or Saturdays at a local City Sports Complex or at a BGC Arlington Club/gym. ~ **Practice Info:** **TALK TO BRANCH MANAGER/COACH FOR INFO ON PRACTICES TIMES/OPTIONS.**

Current BGC Member? Y / N Location: _____ Gender: M / F School: _____ Grade: _____

Player Name: (Please Print) _____ D.O.B.: _____ / _____ / _____ Age: _____

Address: _____ Apt #: _____ City: _____ Zip: _____

<p>How will child get to the game? <i>*Transportation TO the games is provided by BGC</i></p> <p><input type="checkbox"/> B&GC Bus/Van <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____</p>	<p>How will child get HOME? <i>*Transportation FROM the games on the BGC Bus will not be provided!</i></p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Walk <input type="checkbox"/> Other: _____</p>	<p>Please Note: MUST check out with BGC staff for pick up! Must be 18+ yrs old. ID must be shown when picking up. *List 3 Additional persons, with phone numbers, authorized to pick up child (other than Parent/Guardian). Name & Phone #: _____ Name & Phone #: _____ Name & Phone #: _____</p>
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Parent or Guardian Name: _____ Cell Phone Number: (____) _____
Alt Number: (____) _____ Parent's Email Address: _____

Emergency Contact Name: _____ Phone Number: (____) _____

Does family have medical insurance? Y / N Insurance Company: _____

Policy Number: _____ Preferred Hospital: _____

Known health concerns: please list any health concerns we need to be aware of during games & practices (i.e. asthma, heart conditions)

FEE SCHEDULE

\$30

PROGRAM FEE: \$30 (Fee includes Squad shirt, shorts, & cheer hair bow)

Fall Round of Registration Ends : Sept 7th, 2018

Registration Fees are **non-refundable** due to equipment cost, Referees, uniforms, and administrative fees

*Program fee for 2018-2019 represents a DISCOUNTED FEE THIS YEAR DUE TO FUNDING BY BUFFALO WILD WINGS & BGCA

<p>CHILD'S SHIRT SIZE: Please Select One NOTE: Not available in 'Youth Small'!</p> <p>Youth Sizes ___ YM ___ Y L Adult Sizes ___ SM ___ M ___ L ___ XL</p>	<p>CHILD'S SHORT/PANTS SIZE: Please Select One</p> <p>Youth Sizes ___ YS ___ YM ___ YL Adult Sizes ___ SM ___ M ___ L ___ XL</p>	<p>I am a Parent interested in being involved (mark all that apply)</p> <p>Coach ___ Asst. Coach ___ Score Keeper ___ Refreshments ___ *All Vols must complete volunteer application</p>
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I, as a parent/guardian of named minor, do hereby release the Boys & Girls Clubs of Arlington (a.k.a. the "Club") from all **liability** to me, my child and my child's personal representative, assigns and heir for all claims which my child or I may have against the Club and/ or its sponsors resulting from participation in or connections to a Club- related activity. I approve of my son's/daughter's application for membership and/or participation in Boys & Girls Clubs of Arlington Sports Leagues. I will not hold the members of the Board, Staff or Leaders responsible for injury, which may occur while participating in above Boys & Girls Clubs of Arlington activities. I also acknowledge that medical insurance is not provided by the Boys & Girls Clubs of Arlington. I hereby authorize the Club, as my agent, to secure **medical treatment** as is deemed necessary and will, on behalf of said minor, assume and pay all expenses associated with such treatment in the event of accident, illness, or other capacity. I understand that the Club may use **testimonials, statements, and/ or photographs** of my child taken of his/ her involvement in Boys & Girls Clubs of Arlington activities. Also, I understand that, as a **youth recreation facility**, the Boys & Girls Club of Arlington observes an **open door policy**. I understand the Club staff do not maintain the right to grant "permission" for children to leave the facility, nor do the staff take the authority to insist or enforce them to stay. I certify that all of the information on this form is true and correct. I give my permission to the Club to **share information** about the participant listed on the application with the Boys & Girls Clubs of America (BGCA) for research purposes and/ or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on school and other information collected by the Club including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. **Players who have an unpaid balance from previous B&GC leagues will not be allowed to play until payment is made in full.**

Parent/ Guardian Signature _____ Date _____

Internal Only: Paid? Y / N Date Received: _____ / _____ / _____ Date Processed: _____ / _____ / _____ Receipt #: _____
Amount Paid: _____ Payment Plan Balance: _____