



BOYS & GIRLS CLUBS
OF SONOMA VALLEY

The mission of the Boys & Girls Clubs of Sonoma Valley is to provide positive opportunities for youth to learn and succeed.

PLAYER APPLICATION

Date: _____ D.O.B _____

Boy Girl

Sport: _____

Adult Youth
Shirt Size: _____

First name: _____ Last name: _____

Age: _____ Grade: _____ School: _____ Height: _____

Parent/Guardian: _____ Email: _____

Phone: _____ Cell: _____ Work phone: _____

EMERGENCY CONTACT: _____
(NOT A PARENT) (NAME) (RELATIONSHIP) (PHONE)

PLAYER LEVEL (1-5): _____

- (Level-1 = Beginner new to the game never played on an organized team)
- (Level-2 = Played on an organized team ONCE for one season only BGC or other)
- (Level-3 = Played on an organized team for TWO seasons understands the game pretty well)
- (Level-4 = More than TWO seasons, knows the rules of the game is a skillful player better than most players on his team)
- (Level-5 = More than TWO seasons, is the best players team last year, strong player)

Have you ever played this sport on an organized team YES NO

How many years/seasons? _____ Where? _____

History of player's experience/Any special requests (no guarantees):

PARENT/GUARDIAN SIGNATURE: _____