



PROGRAM REGISTRATION FORM

www.friarsclubinc.org

- | | | |
|--|---|--|
| <input type="checkbox"/> Fall Boys Basketball League (Jr. High/H.S.) | <input type="checkbox"/> CISE School Program | <input type="checkbox"/> Baseball (Ages 5-11) |
| <input type="checkbox"/> Fall Girls Basketball League (Grades 3-8) | <input type="checkbox"/> Friars Learning Center | <input type="checkbox"/> Summer Day Camp (Age 6-13) |
| <input type="checkbox"/> Fall Junior Dribblers Academy (Age 4-6) | <input type="checkbox"/> Girls Volleyball (Grades 3-8) | <input type="checkbox"/> Summer Basketball (Fall Grades 3-8) |
| <input type="checkbox"/> Winter Basketball (Grades 2-8) | <input type="checkbox"/> Spring Junior Dribblers (Grades K-2) | <input type="checkbox"/> Summer Basketball Camp (Grades 2-8) |
| <input type="checkbox"/> Teen Leadership and Development | <input type="checkbox"/> Spring Basketball Team (Grades 2-8) | <input type="checkbox"/> AAU Basketball (Age Varies) |

Participant's Name _____ School _____

Grade _____ Age _____ Birth Date _____ Community you live in _____

Address _____ Zip _____ Phone _____

E-mail (only if used) _____

Mother's Full Name _____ Cell Phone _____

Place of work _____ Job Title _____

Father's Full Name _____ Cell Phone _____

Place of work _____ Job Title _____

Emergency Contact's Name _____ Phone _____

Uniform Needed: (check one) Yes or No Uniform Size: (check one) YS YM YL
 AS AM AL AXL AXXL

DEMOGRAPHIC INFORMATION *MUST BE COMPLETED FOR ALL PARTICIPANTS*

This information is for demographic reporting for our various funding sources.
This information does not affect your child's acceptance or position in any of our programs.

Ethnic Background:

White Black Hispanic Asian Appalachian Bi-Racial Other (_____)

Yearly Income:

Below \$10,000 \$10,000 - \$14,999 \$15,000 - \$19,999 \$20,000 - \$29,999
 \$30,000 and above \$50,000 and above \$80,000 and above \$100,000 and above

Household:

2 Parent 1 Parent
Total number of children in the household _____

I accept all the rules of the Friars Club Inc. and release them from liability and responsibility from my child while participating in their program. I give permission, for Friars, to use my child's likeness for public relation purposes, to have my child attend any field trips and to get proper medical treatment in an emergency situation. I understand that sports require my child to be of good health and hereby deem that my child is physically fit enough to participate. I am aware that Friars recommends that my child have a doctor's physical before participating.

List any medical conditions for Friars to be aware of _____

Parent's Signature _____ Date _____

FOR OFFICE USE ONLY

Date: _____ Amount: \$ _____ Cash Check # _____ Credit Card Payment tendered on Square Staff initials: _____

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FINANCIAL AID APPLICANTS ONLY:

Child's Name _____ Guardian's Name _____

Do you need financial aid? Yes. Why? _____

Monthly Income _____ Monthly Expenses _____ EMPLOYED? UNEMPLOYED?

What public assistance do you receive? _____

Does your child receive any of the following at school? Reduced Lunch Free Lunch

****CANNOT BE APPROVED WITHOUT: A COPY OF PUBLIC ASSISTANCE—A CURRENT PAY CHECK STUB or UNEMPLOYMENT VERIFICATION—LAST YEAR'S TAX RETURN****