



BRIDGEPORT CARIBE YOUTH LEADERS

Building Today's Youth... Tomorrow's Leaders

1067 Park Avenue Bridgeport, CT 06604 (203) 913-0073

2017 SUMMER REGISTRATION FORM

Last Name First Name MI M/F Address City/Town State Zip Code Child's Email: Child's Cell Phone: Date of Birth Age (as of 4/30/17) Number of seasons played Last team played for Last season played School Grade School District (State Code) School Attending (State Code) Program Code Town Code Shirt Size: Youth S M L XL Adult S M L XL Pant Size: Youth S M L XL Adult S M L XL

CHECK DESIRED DIVISION:

- SENIORS (Ages 13-15) - \$175
GIRL'S SOFTBALL(Ages 9-12) - \$95
GIRL'S SOFTBALL (Ages 13-17) - \$105 (17 yr.cannot be on Travel Team)

Father's Name Father's Cell Phone Employment Phone Mother's Name Mother's Cell Phone Employment Phone Email Home Phone

Please Check Below:

- I am interested in coaching or helping coach a team
I am interested in being a Team Parent
My company/business is interested in sponsoring a team.
You will receive a credit of 10% of all new sponsorship money you bring in.
For example, obtain a \$500 sponsor and you will receive a \$50 credit.

List any medical problem or prohibition participant has Person to notify in Emergency Phone Doctor to notify in Emergency Phone

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the BCYL. Recognizing the possibility of physical injury associated with sports and in consideration of the BCYL accepting the registrant for its sports programs and activities, I hereby release, discharge and /or otherwise indemnify the BCYL and it's affiliated organization and sponsors, their employees and volunteers including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from same, which transportation I hereby authorize. I authorize the BCYL to have a picture of the participant on file for record keeping purposes or on the BCYL.ORG website.

Consent for medical treatment (for minors)

As the parent or legal guardian of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Name of Parent /Guardian (print) Signature Date

Return completed form with NON-REFUNDABLE payment to (checks made out to: BCYL)

Payment Received: Cash Check # Amount Rec By Outstanding: Credit Card: Receipt Number:



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Please complete the following information, which will be used for fundraising purposes only. Your responses will be held strictly confidential and only group data will be shared.

Marital Status: Single [] Married [] Separated [] Divorced [] Widowed []

Family Size (include Parents): _____ Race: _____ Religious affiliation: _____

Total Annual Income

- Under \$20,000
\$20,000 - \$30,000
\$30,000 - \$40,000
\$40,000 - \$50,000
\$50,000 - \$60,000
\$60,000 - \$70,000
Over \$70,000

ETHNICITY

- Not Hispanic/Latino
Unknown

RACE

- American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
Multiracial
White
Other
Unknown

FAMILY CONSTELLATION

- Two Birth/Adaptive Parents
Step and birth parent
Single parent (female)
Single parent (male)
Grandparents
Relative/Guardian
DCF Guardianship
Foster parent(s)
On own
Joint Custody
Other

Section II: REFERRAL SOURCE

- Police
School
Parent/Guardian
Department of Children and Families
Superior Court, juvenile matters
Social Service Agency
Juvenile Review Board
Self
Other

Section III: REASON FOR REFERRAL

- Positive youth development
Delinquent behavior
Truancy from school
Defiance of school rules
Indecent/immoral conduct
Running away
Beyond control
Non-school issues
FWSN

Section IV: SERVICES PROVIDED

Juvenile Justice Programs

- Court-Ordered Community Service Programs
Juvenile Review Board Programs
Detention/Suspension/Expulsion Programs
Diversion Programs
Other

Mental Health Services

- Individual therapy
Family therapy
Group therapy
Crisis intervention
Case management
Other

Youth Development Programs

- After school programming
Employment/training
Leadership development
Mentoring
Life Skills Training
Community Service
Service Learning
Summer Programs
Other

Special issue:

- Depression
Suicidal behavior
Bullying
Substance abuse
School issues
Internet Related
Dating Violence
Pregnancy/teen
Homelessness/At Risk of
Parenting/family issues
Physical/Sexual Abuse/Neglect
Other

Child Welfare

- Teen Pregnancy Prevention
Teen Parent Education

Do you own a computer? [] Yes [] No Do you have internet access? [] Yes [] No

Do you(Parent) have any of the following skills/resources that you would be willing to help the league with?

- Computer Photography Grant Writing Accounting
Marketing Cooking Fundraising Teaching
Legal Leadership Training Meeting Facilitator Umpire
Other Professional Skills/Hobbies: _____