



# 2019 AGBU-AYA



## GLENDALE - PASADENA CHAPTER ENROLLMENT APPLICATION TO SPORTS PROGRAM

SPORTS DIVISION:     BASKETBALL     VOLLEYBALL     FUTSAL     \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ STATE: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

*The AGBU-AYA PASADENA-GLENDALE CHAPTER Board & Sports Committee reserve the right to refuse enrollment/re-enrollment Applications for persons with history and/or prior incidents at the Chapter.*

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Do you participate in other Sports activity at AGBU or elsewhere, If YES, please specify:

### FOR OFFICE USE ONLY

APPLICATION RECEIVED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPLICATION REVIEWED AT MEETING OF: \_\_\_\_\_

APPLICATION REVIEW RESULT: \_\_\_\_\_

NOTIFIED TO APPLICANT BY (Name): \_\_\_\_\_ ON: \_\_\_\_\_

PAYMENT RECEIVED: \$ \_\_\_\_\_  CASH  CHECK #: \_\_\_\_\_

MEMBERSHIP VALID TO: \_\_\_\_\_