



Coastal Conference

Competitive Middle School Sports League

Cross Country	Flag Football	Girls Volleyball
 <p>First Meeting August 24th</p> <p>No Cut Sport 6th, 7th & 8th Grade</p> <p>Meet @ School Field 3:30 - 4:30pm</p> <p>Registration Fee \$110</p> <p>Parent Registration Meeting August 31st @ 6pm</p>	 <p>Tryouts August 23rd & 24th</p> <p>7th & 8th Grades</p> <p>Check-In @ School Field 3:30 - 5pm</p> <p>Registration Fee \$130 Upon Team Selection</p> <p>Parent Registration Meeting September 7th @ 6pm</p>	 <p>Tryouts August 23rd & August 24th</p> <p>Check-In @ School Gym Varsity 3:30pm - 5pm J.V. 5pm - 6:30pm</p> <p>Registration Fee \$150 Upon Team Selection</p> <p>Parent Registration Meeting September 6th @ 6pm</p>

Practices and/or Games scheduled 2-3 days a week (After-School Fall Season)

- ✓ **Must Bring Completed Waiver/Application to participate in Tryouts or Cross-Country Training**
 - ✓ **NO TRANSPORTATION PROVIDED Games/Meets held at North County Middle Schools & Parks**
 - ✓ **Competitive League - Playing time is not guaranteed**
 - ✓ **Athletes are required to maintain a minimum GPA of 2.0 to participate**
 - ✓ **If your player makes the team they will receive a player packet that must be turned in at the Mandatory Parent Registration Meeting**
 - ✓ **DO NOT TURN IN REGISTRATION PACKET & FEES TO THE COACH**
 - ✓ **Online Payment Option for Registration Fees: <http://bgcvistaathletics.teamsnapsites.com/>**
 - ✓ **Required Parent Meeting Boys & Girls Clubs of Vista 410 W California Ave Vista 92083**
- All Forms and minimum 50% of Registration Fee will be due at this meeting**

TRYOUT / PARTICIPATION APPLICATION *Please return this portion to the coach*

Player Name: _____ Grade: _____ School: _____

Parent Name: _____ Ph. _____ Birth Date _____

Email: _____

WAIVER

I give my child permission to participate in the Boys & Girls Club of Vista tryouts for the after-school sports program. I release the Boys & Girls Club of Vista and Boys & Girls Club of America of any responsibility for injury, accident or loss of belongings while my child is participating. I give permission for a licensed physician to perform any medical service deemed necessary in the event that I cannot be reached. I give permission for a Boys & Girls Club of Vista representative to transport my child in said case, when deemed necessary. I permit the Boys & Girls Club of Vista to utilize photographs of my child taken during his/her involvement in Boys & Girls Club of Vista programs and hereby waive all rights of compensation. I authorize the VUSD to provide my child's GPA information to the Boys & Girls Club of Vista for the purpose of verifying eligibility.

Signature of Parent or Guardian

Relationship

Date

For more information, contact our Athletic Director Tori Gomez Tori@bgcvista.com or (760) 724-6606 x 25

This event is not sponsored, supervised, or endorsed by the Vista Unified School District