Westfield United Basketball
Recreation Divisions 2025-2026

BOYS & GIRLS CLUB
OF GREATER WESTFIELD

League Use Only
Division_____
Amount Paid_____
Check _____
Cash_____

Participant's Name_____
First Last

Address:_____City_____Zip_____

Gender: Female _____ Male _____ Other Gender _____ D/O/B_____ Grade _____

School Attending_____

Parent/Guardian Name:_____ Phone:_____

Email address:_____ Would you like to volunteer? _____ Head Coach _____ Assistant Coach

COACHES WE NEED YOUR HELP! (NEED TO COMPLETE CORI/SORI AND CONFLICT OF INTEREST FORMS)

Please check the appropriate recreation division:

I would like to coach with_____

_____ 3-5 Grade Girls $ 100.00

_____ 6-8 Grade Girls $ 100.00

_____ 3/4 Grade Boys $ 100.00

_____ 5/6 Grade Boys $ 100.00

_____ 7/8 Grade Boys $ 120.00

_____ High School Boys 15 yrs.– 18 yrs. $ 120.00 (Must be in H.S.)

ALL ADULT PARTCIPANTS MUST SIGN BELOW. THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR REGISTRANTS UNDER THE AGE OF 18

_____Date:_____
Signature (Parent/Guardian if participant is under the age of 18)

Drop off to: Boys and Girls Club of Greater Westfield
28 W Silver St,
Westfield, MA 01085

Telephone: (413) 562-2301
Web: www.bgcwestfield.org

BOYS & GIRLS CLUB
OF GREATER WESTFIELD

Disclaimer: This Membership is applicable for United Basketball activities only. *For afterschool Membership details please call the Club at 413-562-2301.* ***Any player with incomplete applications will be ineligible to play on Boys & Girls Club of Greater Westfield premises.***

2025 ~ 2026 United Basketball Application

Member First Name: _____ Last: _____

Gender: M ___F ___Other Gender_____ Primary language spoken _____

Ethnicity: African American, Asian, Caucasian, Hispanic, Multi-Racial, Native American, Pacific Islander

Member DOB: MM/ DD/ YYYY: ____ / ____ / _____

Street Address: _____ City: _____

State: _____ Zip: _____ **Parent Email:** _____

Main Contact Parent/Guardian: _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

2nd Contact Parent/Guardian: _____ Relationship: _____

Primary Phone: _____ Work Phone: _____

Alternate emergency contact _____ Relationship:_____

Primary Phone: _____Work Phone: _____

Parent/Guardian gives permission:
to use member in positive publicity in video, print, social media and photos: ____ Yes ____ No

School Information: (Fall 2025) School: _____ Grade (P-12): _____

(School lunch) Free, Reduced, Not App Is school outside Westfield/Southwick School District? ____Yes ____No

Contact Name: _____#_____

Does your child have:

History with the juvenile justice system? _____ Yes _____No

Been adjudicated? (Found guilty of committing a delinquent act) _____ Yes _____No

Any physical, emotional, or behavioral issues that we should be aware of? _____ Yes _____No

Have an IEP or 504 Plan? _____ Yes _____No

If you have answered yes to any of the above questions, membership approval requires a meeting with a Director.

Household: (check which apply) Member lives with: ___Mom & Dad ___Mom ___Dad ___Mom & Mom ____Dad & Dad

____Step Mom ____Step Dad ____Grandparent ____ Foster Parents _____Aunt _____Uncle ____Other _____

Household Size: ___Number under 18 in Household: ___Member of the Household 65 years old or older: ___Yes ___No

Member of the Household Handicapped: ___Yes ___No

Head of Household: ____ M ____ F ____Both Single Parent: ___Yes ___No

Parent or Guardian in the Military: ____Y ____N Branch _____ Base _____ Rank_____
Status: ☐ Guard ☐ Reserve ☐ Active

If active or reserve, ask for additional form to receive a military discount.

Medical Information: Permission for Treatment by qualified medical personnel: ____Yes ____No

Serious Health Problems/Allergies: _____ Yes _____No If Yes, explain: _____

Medications: (Even if taken at home): _____ Yes _____No If yes please list _____

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT

SELF-DECLARATION OF INCOME REPORT / PY2025 (CDBG)

FY2026 (CITY)

(Effective June 1, 2025)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMSENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: ☐ FAMILY ☐ INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY *(please select only one):*

☐ Hispanic or Latino ☐ Not Hispanic or Latino

3. RACE *(please select only one):*

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native ***and*** White
☐ Asian ***and*** White
☐ Black/African American ***and*** White
☐ American Indian/Alaskan Native ***and*** Black/African American
☐ Other Multi-Racial: _____

4. HOUSEHOLD INFORMATION

1) Choose the row with the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (Median Family Income) – Effective June 1, 2025

Household Size		#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1		$0-$25,150	$25,151-$41,850	$41,851-$67,000	$67,001+
2		$0-$28,750	$28,751-$47,800	$47,801-$76,550	$76,551+
3		$0-$32,350	$32,351-$53,850	$53,851-$86,100	$86,101+
4		$0-$35,900	$35,901-$59,800	$59,801-$95,650	$95,651+
5		$0-$38,800	$38,801-$64,600	$64,601-$103,350	$103,351+
6		$0-$41,650	$41,651-$69,400	$69,401-$111,000	$111,001
7		$0-$44,550	$44,551-$74,150	$74,151-$118,650	$118,651+
8		$0-$47,400	$47,401-$78,950	$78,951-$126,300	$126,301+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____ **Date:** _____

(Original signature is required)

City of Westfield, MA/OCD
CDBG PY 25 Forms-Income verification

Revised 6/30/25

Insurance and Liability Waiver Release:

Participation in Boys & Girls Club activities may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in Boys & Girls Club activities. As a parent, guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate. I understand that I will assume full responsibility for any accidents, injuries or damage to personal property incurred thereby releasing the Boys & Girls of Greater Westfield, its' staff, volunteers and its' directors of all liability. I understand that participation in any recreational, dance or sport activity involves risk. I further understand that the Club maintains an open-door policy with drop in services and that supervision is provided inside the Club's facility at all times. Occasionally, supervised outdoor programming occurs on the Club's property. This waiver includes any transportation, which may be provided by the Boys & Girls Club of Greater Westfield, or any other agency involved in its programs. Boys & Girls Club of Greater Westfield reserves the right to suspend, revoke, or deny membership based on Club policies.

Parent/Guardian Signature: _____ Date _____

BOYS & GIRLS CLUB
OF GREATER WESTFIELD

Participant/Coach/Parent Code of Conduct

Print Name of Participant: _____

- Be a good sport (win or lose), be honest, fair and always show good sportsmanship to all coaches, players, officials and fans.
- Learn the value of commitment to the team.
- Put personal goals aside for the betterment of the team.
- Show courtesy and respect to all teammates, parents, opponents and coaches.
- There will be no alcohol, tobacco, or use of illegal substances at any team function.
- Players/Coaches/Parents will not engage in unsportsmanlike conduct.
- Players will not engage in rude behavior on or off the field/court.
- Players will treat everyone, including coaches, parents, players and officials with respect regardless of race, creed, color, nationality or gender.
- Have fun!

By signing below, I/we acknowledge that I/we have read and understand the Code of Conduct as presented and agree to abide by them. Any infraction could result in disciplinary action including but not limited to a meeting w/ a Director, suspension or expulsion from current/future BGC of Greater Westfield programs.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

We ask that all families to review the BGC of Greater Westfield's Child Safety Policy with their children. Together we can ensure that all of our youth and participants have a better understanding of the issue and can help make all programs enjoyable for everyone.
https://www.bgcwestfield.org/child-safety