

# YOUTH REGISTRATION FORM

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Participant Name	Birthdate	Age	Grade	Program

**BASKETBALL PARTICIPANTS ONLY:**

Write child's name next to jersey/shirt size needed

**Youth Sizes** - \_\_\_\_\_ Y Small      \_\_\_\_\_ Y Medium      \_\_\_\_\_ Y Large

**Adult Sizes** - \_\_\_\_\_ A Small      \_\_\_\_\_ A Medium      \_\_\_\_\_ A Large      \_\_\_\_\_ A XLarge

Parent Interested in Coaching\* (Grades 3+ only)    \_\_\_\_\_ No    \_\_\_\_\_ Yes    \_\_\_\_\_ Assistant

\*ALL interested coaches MUST fill out a background check and submit a copy of ID. Call 699-5233 to have form sent to you.

**May we send your receipt and program information by email?** \_\_\_\_\_ YES    \_\_\_\_\_ NO

If you indicated YES, clearly print email address: \_\_\_\_\_

Hard copies of all information will still be available to those that prefer using the mail.

Please list any allergies, medications or medical conditions: \_\_\_\_\_

I, \_\_\_\_\_, being the parent/legal guardian of the above named participant(s) accept full responsibility for any and all injuries which may arise out of his/her participation in programs offered by the Town of Cicero Youth Bureau, Parks & Recreation Department and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child(ren)'s participation. Consent is hereby granted to allow my child(ren) to participate in the program(s) listed above. Pictures and other materials which may include my child(ren) may be used by the Town of Cicero for promotional purposes. I also grant permission for my child(ren) to watch G-rated movies during Club Rec. I agree not to drop my child(ren) off earlier than the program start time, and pick up my child(ren) by the program end time. I will adhere to any and all implemented policies and procedures or my child(ren) will be removed from the program. No refund will be issued. I have read, understand, and agree to the above guidelines.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refund Policy: No refunds will be given once a program begins. If a refund is requested before the program begins, a \$5 administrative fee, per person, will be deducted from the refund amount.

Office Use Only:    Price: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_    Receipt: \_\_\_\_\_