

# Youth Registration Form

Register for Day Camp and Extended Care on the back cover.

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Participant Name	M/F	Birthdate	Age	Program and Session #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Learn to Swim ONLY - Fill out name, M/F, birthdate & age above, then continue below.  
Indicate child's name and class time by each level you wish to register.**

<i>Session 1: June 28 - July 12 (No Class July 5)</i>	<i>Session 2: July 19 - July 30</i>
Pre Beg _____	Pre Beg _____
Adv Pre _____	Adv Pre _____
Level 1 _____	Level 1 _____
Level 2 _____	Level 2 _____
Level 3 _____	Level 3 _____
Level 4 _____	Level 4 _____
Level 5/6 _____	Level 5/6 _____

Optional Section

White \_\_\_\_\_ African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_  
 American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ 2+ Races \_\_\_\_\_

**May we send you your receipt and program information by e-mail?    YES                    NO**

**If you circled YES, clearly print e-mail address:** \_\_\_\_\_

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

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. Pictures and other materials which may include my child(ren) may be used by the Town of Cicero for promotional purposes. 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 participant will be deducted from the refund amount.

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