

YOUTH REGISTRATION FORM

Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

Emergency Contact Name (Other than parent): _____

Contact Number: _____ Relationship to Participant: _____

Participant Name	Birthdate	Age	Grade	Program

CNS NBA BASKETBALL PARTICIPANTS ONLY:

Y Large _____ A Small _____ A Medium _____ A Large _____ A XLarge _____

Parent Interested in Coaching? 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 circled YES, clearly print email 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. 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: _____ Date Sent: _____