

# Neighborhood Boys & Girls Club Registration Form 2017 Fall Program

2501 W. Irving Park Road, Chicago, IL 60618

www.nbgc.org

Phone: (773) 463-4161

Fax: (773) 463-5392

Please Print the Following in its Entirety

NEW FAMILY TO NBGC?

Child 1 Name _____ Flag Football (K-8th Grade Boys) \$130 <input type="checkbox"/> Cheerleading (K-8th Grade Girls) \$90 <input type="checkbox"/> Soccer (K-8th Grade Girls) \$105 <input type="checkbox"/> Other _____ <input type="checkbox"/> Birthdate _____ Age _____ Grade in the Fall _____ School _____ Free or Reduced Lunch <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Ethnicity _____ Medical Conditions _____ Special Requests _____	Child 2 Name _____ Flag Football (K-8th Grade Boys) \$130 <input type="checkbox"/> Cheerleading (K-8th Grade Girls) \$90 <input type="checkbox"/> Soccer (K-8th Grade Girls) \$105 <input type="checkbox"/> Other _____ <input type="checkbox"/> Birthdate _____ Age _____ Grade in the Fall _____ School _____ Free or Reduced Lunch <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Ethnicity _____ Medical Conditions _____ Special Requests _____
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Requests will be considered but they can NEVER be guaranteed. All requests must be made in writing on this form at time of registration.

*Fees are non refundable. A \$25.00 fee will be charged for all returned checks.*

I understand that by signing this form, I release the Neighborhood Boys & Girls Club and their employees and volunteers from responsibility for any injury incurred by my child or myself during the activity I am registering them for.

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

## PARENT INFORMATION

**Primary Phone Number** \_\_\_\_\_

Child Lives With \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company \_\_\_\_\_

I can Coach

**Primary Email** \_\_\_\_\_

Family Name \_\_\_\_\_  
 Parent 2 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Company \_\_\_\_\_

I can Coach

## EMERGENCY CONTACTS

### PERSONS OTHER THAN PARENTS TO BE CONTACTED IN CASE OF AN EMERGENCY

**Name** \_\_\_\_\_  
 Phone \_\_\_\_\_

**Name** \_\_\_\_\_  
 Phone \_\_\_\_\_

Relationship \_\_\_\_\_  
 2nd Phone \_\_\_\_\_

Relationship \_\_\_\_\_  
 2nd Phone \_\_\_\_\_

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 TO BE COMPLETED BY STAFF  
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League \_\_\_\_\_  
 Home Team \_\_\_\_\_  
 Staff Signature \_\_\_\_\_

Registration Date \_\_\_\_\_ Paid Online   
 Check # \_\_\_\_\_ Credit/Debit Card   
 Cash  Amount Paid \$ \_\_\_\_\_