

# Neighborhood Boys & Girls Club Registration Form 2019 Fall Athletic Programs

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 \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Boy  Girl  Other   
 Ethnicity \_\_\_\_\_ Free or Reduced Lunch   
 Medical Conditions \_\_\_\_\_  
 Requests \_\_\_\_\_

Child 2 Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Boy  Girl  Other   
 Ethnicity \_\_\_\_\_ Free or Reduced Lunch   
 Medical Conditions \_\_\_\_\_  
 Requests \_\_\_\_\_

*Requests will be considered but they can not be guaranteed. All requests must be made in writing on this form at time of registration.*

**Fall 2019 (August 19th - November 28th)**

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Boys Flag Football (K-8th) \$120   
 Girls Soccer (K-8th) \$120   
 Girls Cheerleading (K-8th) \$120

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 Girls Soccer (K-8th) \$120   
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*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** \_\_\_\_\_  
 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 \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone \_\_\_\_\_  
 2nd Phone \_\_\_\_\_

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

**Staff Use Only**

League \_\_\_\_\_ Registration Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_  
 Home Team \_\_\_\_\_ Staff Signature \_\_\_\_\_ Credit/Debit  Cash  Paid Online