

Neighborhood Boys & Girls Club Registration Form 2019 Spring & Summer 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 _____
Requests will be considered but they can not be guaranteed. All requests must be made in writing on this form at time of registration.

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.

Spring (April 1st-June 8th)

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Coed Soccer (K-8th) \$120

Coed Soccer (K-8th) \$120

Summer (June 10th-July 30th)

Summer (June 10th-July 30th)

Coed Baseball (K-3rd) \$120

Coed Baseball (K-3rd) \$120

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

Primary Email

Child Lives With _____
 Parent 1 Name _____
 Address _____
 City, State, Zip _____
 Email Address _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Occupation _____
 Company _____
 I can Coach

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