

# Neighborhood Boys & Girls Club Registration Form 2018 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 _____ Girls Volleyball (6th-8th) \$55 <input type="checkbox"/> Boys Floor Hockey (K-8th) \$55 <input type="checkbox"/> Coed Soccer (K-8th) \$110 <input type="checkbox"/> Girls Floor Hockey (K-5th) \$55 <input type="checkbox"/> Coed Baseball (K-1st) \$110 <input type="checkbox"/> Other _____ <input type="checkbox"/> Birthdate _____ Age _____ Grade _____ School _____ Free or Reduced Lunch <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Ethnicity _____ Medical Conditions _____ Special Requests _____	Child 2 Name _____ Girls Volleyball (6th-8th) \$55 <input type="checkbox"/> Boys Floor Hockey (K-8th) \$55 <input type="checkbox"/> Coed Soccer (K-8th) \$110 <input type="checkbox"/> Girls Floor Hockey (K-5th) \$55 <input type="checkbox"/> Coed Baseball (K-1st) \$110 <input type="checkbox"/> Other _____ <input type="checkbox"/> Birthdate _____ Age _____ Grade _____ 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

<b>Primary Phone Number</b> _____ Child Lives With _____ Parent 1 Name _____ Address _____ City, State, Zip _____ Email Address _____ Home Phone _____ Work Phone _____ Cell Phone _____ Occupation _____ Company _____ I can Coach <input type="checkbox"/>	<b>Primary Email</b> _____ Family Name _____ Parent 2 Name _____ Address _____ City, State, Zip _____ Email Address _____ Home Phone _____ Work Phone _____ Cell Phone _____ Occupation _____ Company _____ I can Coach <input type="checkbox"/>
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## EMERGENCY CONTACTS

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

Name _____ Phone _____	Relationship _____ 2nd Phone _____
Name _____ Phone _____	Relationship _____ 2nd Phone _____

### TO BE COMPLETED BY STAFF

League _____ Home Team _____ Staff Signature _____	Registration Date _____ Paid Online <input type="checkbox"/> Check # _____ Credit/Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Amount Paid \$ _____
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