

Neighborhood Boys & Girls Club Registration Form 2017 Spring 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 _____ Basketball (K-8th Grade Boys & K-5th Grade Girls) \$50 <input type="checkbox"/> Volleyball (6th-8th Grade Girls) \$50 <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 _____ Basketball (K-8th Grade Boys & K-5th Grade Girls) \$50 <input type="checkbox"/> Volleyball (6th-8th Grade Girls) \$50 <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 _____
--	--

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 <input type="checkbox"/>	Primary Email _____ 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"/>
---	---

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