

Neighborhood Boys & Girls Club Registration Form 2018 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 _____ Girls Soccer (K-8th) \$110 <input type="checkbox"/> Girls Cheer (K-8th) \$110 <input type="checkbox"/> Boys Flag Football (K-8th) \$110 <input type="checkbox"/> Other _____ <input type="checkbox"/>	Child 2 Name _____ Girls Soccer (K-8th) \$110 <input type="checkbox"/> Girls Cheer (K-8th) \$110 <input type="checkbox"/> Boys Flag Football (K-8th) \$110 <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"/>	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 _____	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"/>
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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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