

**Neighborhood Boys & Girls Club Registration Form  
2017 Spring Program**

2501 W. Irving Park Road, Chicago, IL 60618

[www.nbgc.org](http://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 \_\_\_\_\_

Child 2 Name \_\_\_\_\_

Basketball (K-8th Grade Boys & K-5th Grade Girls) \$50

Basketball (K-8th Grade Boys & K-5th Grade Girls) \$50

Volleyball (6th-8th Grade Girls) \$50

Volleyball (6th-8th Grade Girls) \$50

Other

Other

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Free or Reduced Lunch  Boy  Girl

Free or Reduced Lunch  Boy  Girl

Ethnicity \_\_\_\_\_

Ethnicity \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Special Requests \_\_\_\_\_

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 \_\_\_\_\_

**P A R E N T I N F O R M A T I O N**

**Primary Phone Number** \_\_\_\_\_

**Primary Email** \_\_\_\_\_

Child Lives With \_\_\_\_\_

Family Name \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

I can Coach

I can Coach

**E M E R G E N C Y C O N T A C T S**

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2nd Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2nd Phone \_\_\_\_\_

**T O B E C O M P L E T E D B Y S T A F F**

League \_\_\_\_\_

Registration Date \_\_\_\_\_ Paid Online

Home Team \_\_\_\_\_

Check # \_\_\_\_\_ Credit/Debit Card

Staff Signature \_\_\_\_\_

Cash  Amount Paid \$ \_\_\_\_\_