

Register online at <https://recdesk.cicero.com>

Cicero Youth Bureau, Parks & Recreation Youth Registration Form

Parent/Legal Guardian(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

May we send your receipt and program information by email?

YES

NO

Emergency Contact Name: _____

Emergency Contact Number: _____

1. Participant Name: _____

Program: _____

Date of Birth: _____

Grade: _____

Gender: _____

2. Participant Name: _____

Program: _____

Date of Birth: _____

Grade: _____

Gender: _____

3. Participant Name: _____

Program: _____

Date of Birth: _____

Grade: _____

Gender: _____

CNS NBA ONLY:

Jersey Size: **Youth Lg**

Adult Sml

Adult Med

Adult Lg

Adult XL

Are you interested in coaching?

YES

NO

I, _____, being the parent/legal guardian of the above named participant(s) accept full responsibility for any and all injuries which may arise out of his/her participation in programs offered by the Town of Cicero Youth Bureau, Parks & Recreation Department and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my child(ren)'s participation. Consent is hereby granted to allow my child(ren) to participate in the program(s) listed above. Pictures and other materials which may include my child(ren) may be used by the Town of Cicero for promotional purposes. I agree not to drop off my child(ren) off earlier than the program start time, and pick up my child(ren) by the program end time. I will adhere to any and all implemented policies and procedures or my child(ren) will be removed from the program. No refund will be issued. I have read, understand and agree to the above guidelines.

Parent Signature: _____

Date: _____

REFUND POLICY*

No refunds will be given within one week BEFORE the program start date. If a refund is requested one week or more before the program starts, a \$5.00 administrative fee, per person will be deducted from your refund. Convenience fees associated with credit card payments are non-refundable.

Office Use Only Price: _____

Cash/Check #: _____

Receipt #: _____

Date Sent: _____

PAYING WITH CREDIT CARD:

Please Note: All credit card transactions are charged a 3%, plus \$0.30 processing fee. This fee is non-refundable, even if a program is cancelled.

Name on Card: _____

Billing Zip Code: _____

Card Number: _____

Exp. Date: _____

Sec Code: _____