TOWN OF CICERO PARKS AND RECREATION ADULT REGISTRATION FORM

Program:				
Participant Name:				
Address	City	State	Zip Code	
Home Phone	Work/Cell	Date of Bi	Date of Birth	
Emergency Contact (r	name):			
Phone	Relationship to Part	ticipant(s):		
List any allergies, med	dications or medical problem	S.		
May we send you you	r receipt and program inform	nation by e-mail? Yes_	No	
If you checked yes, cle Hard copies of all info	early print e-mail address: rmation will still be available	to those that prefer using	the mail.	
may arise out of my pa Town of Cicero, its ag	articipation in programs offer ents and/or employees from ures and other materials ma	red by the Town of Cicero any claims of any nature w	and hereby release the whatsoever arising out of	
PARTICIPANT SIGNATURE		DATE_		
Please make checks	payable to the "Town of C	Cicero"		
TOTAL FEE ENCLOSED \$				
requested one week	iven within one week BEF0 or more before the progra sted from your refund. Con Il March 2019	m starts, an \$8.00 admin	istrative fee, per	
OFFICE USE ONLY FEE \$: CA/ CK #	COMPUTER #		

Revised 3/2019