

# Deerfield Community Center Registration Form

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Medical Information (Allergies, Asthma,  
etc.) \_\_\_\_\_

Other  
Concerns \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Home  
Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-  
mail \_\_\_\_\_

## IMPORTANT

*Please Read and sign the following*

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with the youth programs and in consideration for the DCC accepting the registrant for its youth programs and activities, I hereby release, discharge, and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, transportation services, and organizations utilized by the youth program, against any liability, loss, cost, expense, or claim by or on behalf of the registrant as a result of the registrant's participation in the youth programs. As the legal parent or legal guardian of the above participant, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life of my dependant.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ (name) wishes to chaperone for this trip.

Contact Information (phone, address, e-mail)

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***Please Make Checks Payable to: Deerfield Community Center***

\_\_\_\_\_ Please contact me about making a donation to the Deerfield Community Center.

**FOR OFFICE USE ONLY**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Late Fee \_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Received  
By \_\_\_\_\_