

Deerfield Community Center Registration Form

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Program Name	Participant Name (First & Last)	Sex	Date of Birth	Grade	Fee

TOTAL: _____

Jersey Size (if applicable): Y 10/12 Y 14/16 AS AM AL

List any special need or medical problems: _____

DEERFIELD COMMUNITY CENTER Refund Policy

DCC reserves the right to cancel an activity or program (due to low enrollment, instructor conflict, etc.) participants will receive a full refund or credit in this instance.

If a participant voluntarily withdraws from a program with in 3 days after the registration deadline they will receive a refund for the amount paid minus a \$5 processing fee.

If a participant withdraws from a program 4 or more days after a registration deadline a refund will NOT be issued.

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 _____

VOLUNTEER (CIRCLE ONE): COACH ASSISTANT COACH OFFICIAL

Please provide us with your preferred information:

(volunteer name)

____ Please contact me about making a donation to DCC.

____ I have enclosed a donation to DCC with my registration.

Please Make Checks Payable to: Deerfield Community Center

FOR OFFICE USE ONLY

Cash _____ Check # _____ Late Fee _____ Amount Paid _____ Date _____ Received By _____