

**TOWN OF CICERO PARKS AND RECREATION
ADULT REGISTRATION FORM**

Program: _____

Participant Name: _____

Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____

Daytime Phone/Contact Name: _____

Emergency Contact: _____

Phone _____ Relationship to Participant(s): _____

List any allergies, medications or medical problems.

May we send you your receipt and program information by e-mail? YES NO

If you circled YES, clearly print e-mail address: _____

Hard copies of all information will still be available to those that prefer using the mail.

I _____ accept full responsibility for any and all injuries which may arise out of my participation in programs offered by the Town of Cicero and hereby release the Town of Cicero, its agents and/or employees from any claims of any nature whatsoever arising out of my participation. Pictures and other materials may be used for Town of Cicero promotional purposes.

PARTICIPANT SIGNATURE _____ DATE _____

TOTAL FEE ENCLOSED \$ _____

REFUND POLICY: No refunds will be given once a program begins. If a refund is requested before the program begins, a \$5.00 administrative fee will be deducted from your refund.

OFFICE USE ONLY: FEE \$ _____ CA/ CK # _____ COMPUTER # _____
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