



Deerfield Community Center Registration and Emergency Information

Program Name	Participant Name (First & Last)	Gender	Birthdate	Grade	Fee
Total					\$

Please Make Checks Payable to: DCC

FOR OFFICE USE ONLY					
Cash: _____	Check#: _____	Late Fee: _____	Amt. Paid: _____	Date: _____	Initials: _____

Parent/Guardian: _____ Home Phone: _____

Home Address: _____

Parent/Guardian's Work: _____ Phone: _____

Email: _____ Cell: _____

Parent/Guardian's Work: _____ Phone: _____

Email: _____ Cell: _____

Child's Physician/Clinic: _____ Phone: _____

List any allergies or other necessary information needed about participant: _____

EMERGENCY CONTACT WHEN PARENT/GUARDIAN IS NOT AVAILABLE:

Name: _____ Relationship: _____

Home: _____ Cell: _____

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 dependent. In addition, I give consent for DCC to utilize pictures of my child to promote programs that they have participated in.

X _____
Signature of Parent/Guardian

X _____
Date