



HYDE PARK NEIGHBORHOOD CLUB REGISTRATION FORM

Date _____

Program _____ Receipt #/Fee _____

Name _____ Telephone Number _____

Address _____ Zip _____

Birthdate _____ Gender _____

Name of School _____ Grade _____

Parent/Guardian _____

Address _____ Home Telephone _____

Mobile Telephone _____ Email _____

Parent/Guardian 2 _____

Address _____ Home Telephone _____

Mobile Telephone _____ Email _____

Family Physician _____ Telephone _____

In Case of Emergency Contact _____ Telephone _____

Relationship _____ Telephone #2 _____

Email _____

I hereby give permission to the Hyde Park Neighborhood Club:

1. To provide emergency care through a clinic or hospital in case of illness or accident.
2. To photograph, interview participant or both and release all photographs and/or interviews for use by the Neighborhood Club.

I understand by registering my child for these classes that I am releasing the Neighborhood Club from any liability for injury he/she may sustain due to his/her personal carelessness.

Signature _____ Date _____

Participants are not registered until fee is received
Credit card payments accepted over the telephone - 773 643-4062
Please send form to the Club via fax (773) 643-4262 or email (info@hpclub.org)