



Windy City Hoops Registration Form

Please complete the form below and submit to any of our Windy City Hoops park locations.



Park Name

Issued By, Date

PARTICIPANT INFORMATION

Name (First, Middle, Last)

Date of Birth

Gender

Street Address, Apt/Unit

City, State, Zip Code

Interested in receiving the Chicago Park District's monthly newsletter?

Phone Number

Home

Cell

Email Address

Yes

No

Are you a student?

If yes, are you enrolled in a Chicago Public School?

If yes, please list Chicago Public School name here: _____

Yes No

Yes No

If no, please list school name here (private, other): _____

EMERGENCY INFORMATION

Primary Contact Name* (First, Last)

Secondary Contact Name (First, Last) - Optional

Phone Number*

Home

Cell

Relationship to Participant*

Phone Number

Home

Cell

Relationship to Participant

Special Needs per Participant, such as Allergies/Medications:

*Primary contact is required

OPTIONAL INFORMATION (Answers to demographic questions are for informational purposes only and will be used to help the Chicago Park District obtain grants and funding.)

Please select the ethnic category that best describes you:

What is the highest level of education that anyone in your household has completed?

Please describe your household:

American Indian

Less than High School Diploma

Associate Degree

Single, no children

Asian or Pacific Islander

High School Diploma or Equivalent

Bachelor Degree (BA, BS)

Single, with children

Black or African-American (Non-Hispanic)

Trade or Technical School Certification

Masters Degree

Married no children

Hispanic/Latino

Some College

Doctoral or Professional Degree
(MD, JD, PhD)

Married with children

White (Non-Hispanic)

Other

PROGRAM INFORMATION

Activity Name & Activity Number

Date(s)

Day(s) of the Week

Times

WAIVER INFORMATION

I hereby give permission for me/my child to participate in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for me or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

I have received, read, and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK kids only) and agree to abide by the policies stated therein.

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, websites, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

Signature (Parent/Legal Guardian if Participant is a child)

Date