

One form for each family. Must be resubmitted each year.

**REGISTRATION FORM**

Drop-off: Memorial Park Field House  
12804 S. Highland Ave.  
Blue Island, IL 60406

Phone: 708-385-3304  
Fax: 708-385-3318

Online (EPAY): Blueislandparks.org  
<Visa, Mastercard, Discover & American Express are accepted>

**PARENT/GUARDIAN INFORMATION**

Last Name:(Primary)

First Name: (Primary)

Last Name:(Secondary)

First Name: (Secondary)

Address:

Primary Contact Number:

City, State:

Emergency Contact Number:

Zip Code:

Date of Birth:

Email:

A P T #

#	Participants Name	Birthdate	Grade	M/F	Program Number	Session	Program Name	Dates	Time	Fee
1					X	X	Bike Club	Fri. + Sat.	4:30-8pm 9-noon	Ø
2										
3										
4										
5										
6										
7										
8										

Medical Information/Allergies: