

# NYCity Cubs LLC

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ★ Participant/Student Information

<b>Student's Name</b>	Last Name: _____	First Name: _____
Home Address		
<b>Home Telephone</b>	(    ) ____ - _____	
<b>Any Medical Conditions/Allergies</b>	DOB: ____/____/20__	Age: _____ Gender: _____
	List and explain	

## ★ Parents/Guardians Information

Full Name	Last Name: _____	First Name: _____
<b>Full Name</b>	First Name: _____	Last Name: _____
Mobile Telephone	(    ) ____ - _____	
<b>Work Telephone</b>	(    ) ____ - _____	
Email address		

Please provide us with a list of additional names and telephone numbers of alternate persons whom we may contact in case of emergency. Designate any of these people as authorized to pick up your child by **checking the box beside their name**.

You agree to notify NYCity Cubs LLC if there are any changes in the persons named in Emergency Contacts and Dismissal Authorizations. Parents/Guardians are automatically included as an authorized person. No one under the age of 14 years of age will be allowed to pick up participants.

## ★ Emergency Contacts and Dismissal Authorizations

Last Name	First Name	Telephone	Relationship	Pick Up
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

☐ Child **may not** be picked up by:

Last Name	First Name	Relationship

★ Must be filled out by parent/guardian

NYCity Cubs LLC Summer Enrichment Program

EMAIL: [nycitycubs@gmail.com](mailto:nycitycubs@gmail.com)

PHONE: 917-683-6854

[WWW.NYCityCubs.com](http://WWW.NYCityCubs.com)

## NYCity Cubs LLC

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### ★ Parent/Guardian Certification & Agreement

As of conditioned of registration of my child in the program of **NYCity Cubs LLC Summer Program**, I agree to the following:

All the given information on registration contract is correct. I will follow program rules and regulations including making adequate arrangements to have my child picked up at dismissal time. I will, to the best of my ability, support my child's participation and development and will communicate with NYCity Cubs LLC Summer Program to accomplish these goals.

**TRIP PERMISSION:** I hereby give my child permission to participate in **all** program activities, field trips, sports, arts, recreation and events with NYCity Cubs LLC during regular program hours within New York City/Tri State area.

**WAIVER:** I hereby authorize NYCity Cubs LLC to photograph and record, digital and analog, my child for any and all purposes in connection with NYCity Cubs LLC Summer Program. I agree to hold NYCity Cubs LLC harmless from any liability arising out of photographs, digital images, videos and recordings and waive any compensations for pictures, printed works or audio/visual products of or by my child.

**MEDICAL AUTHORIZATION:** In the event of an emergency, and after every attempt has been made to contact me, I hereby give permission for the agency, NYCity Cubs LLC City Program, to get medical treatment for my child. I further authorize the doctor or the hospital to which my child may be brought and whomever they may designate as their assistant, to perform any emergency procedure or operation on my child during their attendance in the NYCity Cubs LLC Summer Program.

\_\_\_\_\_  
★ Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
★ Date

★ Must be filled out by parent/guardian

NYCity Cubs LLC Summer Enrichment Program

EMAIL: [nycitycubs@gmail.com](mailto:nycitycubs@gmail.com)

PHONE: 917-683-6854

[WWW.NYCityCubs.com](http://WWW.NYCityCubs.com)

## NYCity Cubs LLC

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Program Fees Summer 2017

Program Cost Breakdown			
<b>Cost per student</b>	\$54 per day	\$270 per week	<b>\$540 total cost</b>
<b>Cost of a sibling</b>	\$28 per day	\$135 per week	<b>\$270 total cost</b>

\*10% discount if total amount is paid by Monday June 19<sup>th</sup>.

Cost can be paid in installments. See table below:

<b>June 19<sup>th</sup></b>	<b>\$175</b>
<b>June 26<sup>th</sup></b>	<b>\$175</b>
<b>July 3<sup>rd</sup></b>	<b>\$95</b>
<b>July 10<sup>th</sup></b>	<b>\$95</b>

All costs can be paid via check, cash, or Venmo.  
Make checks payable to "cash" and mailed to:  
NYCity Cubs LLC  
47-21 41<sup>st</sup> Street Suite 3E  
Sunny Side, NY, 11104

Venmo account:

- ★ I will ☐ pay in total (10% discount)  
☐ pay in installments (following installments schedule)

I agree to pay the program fees to NYCity Cubs LLC Summer Program for the registration of my child in the NYCity Cubs LLC Summer Enrichment Program. The first payment of \$175 made on June 19<sup>th</sup> is non-refundable.

**Please check off payment option you will be using.**

I understand that if I do not make the appropriate payments my child will be dropped from the program.

\_\_\_\_\_  
★ Parent/Guardia Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

★ Must be filled out by parent/guardian

NYCity Cubs LLC Summer Enrichment Program

EMAIL: [nycitycubs@gmail.com](mailto:nycitycubs@gmail.com)

PHONE: 917-683-6854

[WWW.NYCityCubs.com](http://WWW.NYCityCubs.com)