



CICERO EDITION

Registration Form

January 9 – March 27, 2010

Cicero Christian Church @ 1715 Stringtown Pike

www.CiceroChristianChurch.org

\$15 Fee per individual is due at first weigh-in January 9 at 10am.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number : (____)-____-____

Email Address: _____

Age: _____ Date of Birth: _____

Registering as individual team (list participants; each needs a registration form)

Teams will be formed of
eight people by the
contest coordinators

Emergency Contact Name: _____ Phone Number: _____

I do hereby release, forever discharge and agree to hold harmless Cicero Christian Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while the said person is participating in Church Activities. The undersigned further hereby agrees to hold harmless and reimburse said church, its directors, employees, chaperones, and agents for any liability sustained by said acts of said participants, including expenses incurred attendant thereto.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the even of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless said church, its directors, employees, chaperones, and agents from failure to act on the part of those chosen to administer medical care on behalf of the participant.

Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

Coordinator Only			
<input type="checkbox"/> Fee _____	Week 1 _____	Week 6 _____	Week 11 _____
<input type="checkbox"/> Team _____	Week 2 _____	Week 7 _____	Week 12 _____
<input type="checkbox"/> Giveaway _____	Week 3 _____	Week 8 _____	Week 13 _____
<input type="checkbox"/> Day _____	Week 4 _____	Week 9 _____	Week 14 _____
<input type="checkbox"/> Pix b _____ a _____	Week 5 _____	Week 10 _____	Final _____