Youth Registration Form (Any altered forms will be rejected)

Parent or legal guardian



7260 West 93rd St. Bridgeview, IL 60455.

Name:	Middle	Last	(708) 598- 6307 <u>www.mosquetoundati</u>
Date of Birth/		Male	Female
Address:		Apt. # City	State Zip Code
Home Phone:			•
Emergency Number:		E Mail:	
(MFCC) WAIVER FORM			
I, the undersigned, certify that I am child / participant to be enrolled in			e) and I am the parent / legal guardian of the
and mental condition and is able to examined by a licensed medical ph	participate in a ysician within o	all of the MFCC activities an one (1) year prior to enrolling	h individual / participant is in good physical d said individual / participant has been g or attending the MFCC. Said medical nt the child / participant from participating in
independent contractors, the owner liability whatsoever and from any d harmless each of them and I agree t whether or not resulting in medical	s of the propert lamages, losses to release them or dental exper and all damage	ty or real estate and the schools, costs, medical expenses and from any liability in whole conses incurred from participat	rs, agents, employees, representatives, ol where any activity is held, from any d from any other expenses. I agree to hold or in part for any accidents, illness, or injuries ion in this facility programs. I hereby release d injuries incurred while participating in any
In the event of any injury or emerge	ency, I authoriz ne MFCC my p	ze the MFCC to exercise its j permission to dispense any pr	s arising from said member's participation. udgment in treatment of said participant by escription medication to my child that he/she purpose.
not be responsible to keep your chi	ld inside the ce , directors, offi	enter at all times should he /s cers, employees, and represe	the chooses to leave for any reason. I hereby entatives from any responsibility or liability
			, fully understand and agree to all of its terms. be binding on myself, my heirs, executors,
I accept all terms stated above			
Signature:	Date:	:/ Relatior	aship to member:

Medical Examination and Clearance

Medical History

(To be completed by adult participants or parent of minors) Is there a known history of?

a)	Birth deformities (one eye, one kidney, etc.)	Ŧ	yes	Ŧ	no
b)	Medical conditions currently under treatment	Ť	yes	Ť	no
c)	Pre-existing injury currently under treatment	Ŧ	yes	Ŧ	no
d)	Fractures or other disability type of injuries	Ť	yes	Ť	no
e)	Allergy (drugs, food, asthma, etc.)	Ť	yes	Ť	no
f)	Mental Disorders or convulsions	Ť	yes	Ť	no
g)	Past illness of more than one week's duration	Ť	yes	Ť	no
h)	Contact lens† Glasses†			Ŧ	no

If you answer yes to any question a-g, pleas explain:-----

I hereby state that the MFCC is NOT responsible for any pre-existing injury or reoccurrence of any undisclosed injury or illness of the above individual prior the first day of attending MFCC facility.

~1	
Signature:	Date://

Parent Permit:

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give this permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter

Signature:	Date: / /

MFCC Infraction Rating System

Minor	Will result in	
Offenses:		
1 st offense	Warning	
2 nd offense	Warning and call parents	
3 rd offense	Warning and meet parents	
4 th offense	1 day suspension	
5 th offense	1 week suspension	

Major	Will result in
Offenses	
1 st offense	Warning and call parents
2 nd offense	Meet with parents and one week suspension
3 rd offense	1 month suspension and 10 hrs of community service.

Minor infractions are:

Swearing, Unnecessary rough housing, disobeying staff, and disobeying rules of the center.

Major infractions are:

Lying, Destruction of property (non accidental, but if accidental must pay for repairs), and neglecting to pry.

Anything over 3 major offenses will result in Automatic expulsion.

The following offenses will result in Automatic expulsion from MFCC:

Drugs, Alcohol, fighting, hitting a counselor or a staff member, Stealing, and carrying weapons in MFCC.

By signing this form and agreement I acknowledge that I have carefully read, fully understand and agree to all of its terms.

I accept all terms stated above			
Signature: Parent or legal guardian	Date:/	Relationship to member:	