



P.C.S.C 2010



**PARK FOREST
POLICE**

Park Forest Police Athletic and Activities Center

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The community policing unit of the Park Forest Police Department is proud to announce the Police Central Sports Club (P.C.S.C) for the summer of 2010. This program is offered to Park Forest youth ranging in ages from 5 to 17. It is held at Central Park on Monday thru Thursday from June 14, 2010 thru July 22, 2010 and runs from 2:00 PM-4:00 PM. This year activities will include softball/baseball, flag football, soccer, tennis, basketball, track and field, and other sports related competitions. The club will focus on teaching skills such as leadership, sportsmanship, athletic training, and self-discipline while providing mentoring services and character development. All youth ranging in ages from 5 to 8 will have access to playground equipment daily. Field trips to the Park Forest Aqua Center will also be provided. Participants should wear athletic attire and footwear daily

(Valid birth certificates are required at registration for all 5 year old participants)

There is a \$15.00 fee for this program.

Enrollment is limited to the first 150 applicants. Those registered after that will be placed on a waiting list. The program is supervised by Park Forest Police Officers and adult leaders. Completed forms and fees can be returned to the Park Forest Police Department located at 200 Lakewood Blvd. Park Forest, IL 60466.

Name _____		M / F (circle)	
(Last)	(First)	(Middle)	
Date of Birth _____ - _____ - _____	Age: _____	Address _____	
Home Phone # _____	Emergency Phone # _____		
School attended in 2007-2008/Class Year _____			
My son/daughter has my permission to participate in P.C.S.C and he/she will follow all of the established rules and regulations.			
Parent's Signature _____		Date _____	
Office Use Only			
Date Received _____ - _____ - _____			
Payment: Cash _____		Charge _____	
Rec'd by: _____ (initials)			

Both sides must be completed.



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EMERGENCY INFORMATION



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Participant's Name: _____

Mother's Name: _____

Emergency Contact #(s) _____

Father's Name: _____

Emergency Contact #(s) _____

Family Physician's Name: _____

Family Physician's # _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Does your child have **ANY** health irregularities (Asthma, Allergies, etc)? If yes, list below:

Is your child currently on **ANY** medication that we should know about? If yes, list below:

In case the Mother and Farther can not be reached during an emergency, I give my permission for Park Forest Police Department to contact:

Name: _____

Relation: _____ Phone # _____

In case of an emergency, I give my permission to have my child treated by an emergency room physician:

YES _____ NO _____

Parent's Signature: _____