

West Chicago Youth
C/O West Chicago Police Department
325 Spencer Street
West Chicago, IL 60185

Open Gym Teen Volunteer Registration

Background Check

I agree to the West Chicago Police Department running a background check on my son/daughter, for the use of West Chicago Youth and the Open Gym Program.

Parent Signature Date

Parent Name (Please Print)

Participant Signature Date

PARTICIPANT NAME (last, middle initial, first)	BIRTHDATE
ADDRESS	CITY, STATE, ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER
E-MAIL ADDRESS	

