



Palatine Park District
COMMUNITY FITNESS CENTER
APPLICATION FORM

FOR OFFICE USE ONLY
CA CK CG SCH EMP
Proof of Residency R NR HS
Checked by _____ Processed by _____ Batch # _____

New Renewal

Resident (6 month) Resident (annual)
 Non-Resident (6 month) Non-Resident (annual)

NAME _____ KEY FOB # _____ EXP. DATE _____
 STREET _____ APT # _____ DATE OF BIRTH _____
 CITY _____ STATE _____ ZIP _____
 PRIMARY PHONE _____ ADDITIONAL PHONE _____
 EMAIL ADDRESS _____
 EMERGENCY CONTACT _____ EMERGENCY PHONE _____

Senior or Adult Additional Members: Please provide information for each member (18 years & older must be present with ID to register). Must reside in same household.

NAME _____ KEY FOB # _____ EXP. DATE _____ BIRTHDATE _____ AGE _____
 NAME _____ KEY FOB # _____ EXP. DATE _____ BIRTHDATE _____ AGE _____
 NAME _____ KEY FOB # _____ EXP. DATE _____ BIRTHDATE _____ AGE _____

If over 18 years, Waiver & Release must be signed below.

WAIVER & RELEASE

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Parent/All Adult Participants (must sign) _____ Date _____
 Additional Adult Member (must sign) _____ Date _____
 Additional Adult Member (must sign) _____ Date _____
 Additional Adult Member (must sign) _____ Date _____

Payment Information	
Cardholder Name: _____	<input type="checkbox"/> Check (Payable to Palatine Park District)
Card Expiration Date: _____ Card Amount: _____	<input type="checkbox"/> Cash
Cardholder Signature: _____	\$ _____
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover

 Credit Card Number Security Code Expiration Date

NO REFUNDS ARE GIVEN FOR FITNESS MEMBERSHIPS.