

PALATINE PARK DISTRICT REGISTRATION FORM

palatineparks.org • 847.991.0333

Please print all information and fill out entire form. Incomplete forms will be returned, which will delay the processing of your registration.

Head of Household Last Name: _____ First: _____

Address: _____ Apt #: _____

City/State/Zip: _____

Primary Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Yes, add me to the PPD email list



Americans With Disabilities Act Need Accommodations NWSRA Inclusion Assistance needed for (name of participant requiring special accommodations): _____

| Prog # | Program Name | Participant's Full Name | Current Grade | Birthdate | Gender | Fee |
|--|--------------|-------------------------|---------------|-----------|---|-----|
| | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| I would like to make a donation to the Palatine Park Foundation Scholarship Fund 501(c)(3) <input type="checkbox"/> \$1 <input type="checkbox"/> \$3 <input type="checkbox"/> \$ _____ | | | | | | |
| Please fill out if applicable. Shirt Size: Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL School Attending: _____ | | | | | TOTAL \$ | |

WITHDRAWAL AND REFUND POLICY: To submit a refund request, an Application for Withdrawal Form must be submitted. **All approved refunds will be applied as a household credit** unless otherwise requested on the Application for Withdrawal Form. If another form of refund is requested, a \$5 processing fee will be applied. A full refund will be processed for requests received 10 days prior to the start of the program. Requests received less than 10 days prior to the start of the program, but still prior to the third class meeting, will be issued a refund of 50% of the registration fee. Some programs are non-refundable. Refer to the catalog for complete details.

PRIVACY POLICY: To view the Palatine Park District Privacy Policy visit palatineparks.org.

RELEASE AND HOLD HARMLESS WAIVER

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.

Release and Hold Harmless Statement on registration form must be signed. PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.

My signature, or my guardian's signature if I'm under 18, indicates that I HAVE READ AND FULLY UNDERSTAND THE REFUND POLICY AND WAIVER and understand it is required to take part in Park District programs.

Signature: _____ Date: _____

Emergency Name: _____ Emergency Phone: _____

Please indicate below any medical information (asthma, diabetes, etc.) or food allergies that staff should be aware of.

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