



PALATINE PARK DISTRICT

DOG PARK REGISTRATION FORM

This form must be submitted in person at Community Center (250 E. Wood Street), Birchwood Recreation Center (435 W. Illinois Avenue), or Falcon Park Recreation Center (2195 N. Hicks Road). Written documentation of vaccinations from vet must be included with registration.

PLEASE PRINT

Last Name: _____ First: _____

Address: _____ Apt #: _____ Check if recently moved

City: _____ State: _____ Zip: _____ Birthdate: _____

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

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

Fee: Resident - \$45 first dog, \$10 for each additional dog
 Non-Resident - \$57 first dog, \$13 for each additional dog

	Dog 1	Dog 2	Dog 3
Rabies Tag #:			
Tag/Key:			

				Expiration Date - For Office Use Only					
Prog #		Name of Dog	Breed	Rabies	DHPP	Parasites	Bordetella	Village License	Total
526500-01	Dog 1								
526500-02	Dog 2								
526500-03	Dog 3								

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.

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: _____

FOR OFFICE USE ONLY		
CA	CK	CG
SCH	EMP	
R	NR	
Processed by _____		
Batch # _____		
Verification _____		