

# COMMUNITY FITNESS CENTER

## COMMUNITY FITNESS CENTER 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): \_\_\_\_\_

Participants Full Name	Birthdate	Gender	Annual	Monthly	Punch Pass	Personal Training Package	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 agree to abide by the policies and procedures of Community Fitness Center as stated in the membership handbook.**  
 (Please initial in box)

**REFUNDS/TRANSFERS** are not given for passes or memberships unless approved with medical exception. Medical exceptions require a physician note and will be prorated from the time the request is received.

**Medical Request:** A note from a physician is required for medical exceptions. Approved medical exception refunds will be prorated from the time the request is received.  
**Medical exceptions cannot be processed after the class has ended.**

**PRIVACY POLICY:** To view the Palatine Park District Privacy Policy visit [palatineparks.org](http://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. All participants over the age of 18 must sign the waiver.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

FOR OFFICE USE ONLY		
CA	CK	CG
SCH	EMP	
Fob	Walking	_____
Photo	Gym	_____
Processed by	_____	
Batch #	_____	
Verification	_____	

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

\_\_\_\_\_  
 \_\_\_\_\_