COMMUNITY
FITNESS CENTER
A Facility of Palatine Park District

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

PALATINE EST. PARK DISTRICT 1945

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

Participants Full Name	Birthdate	Gender	Programs	Fee
		☐M ☐F		
		☐M ☐F		
		☐M ☐F		
		☐M ☐F		
		☐M ☐F		
		☐M ☐F		
		☐M ☐F		
		☐M ☐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.

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: _____

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

Fob ____ Walking ____
Photo ____ Gym ____

Processed by _____
Batch # _____
Verification _____