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/Membership Type	Participant's Full Name	Current Grade	Birthdate	Gender	Fee
					☐M ☐F	
					☐M ☐F	
					☐M ☐F	
					☐M ☐F	
					☐M ☐F	
I would like to make a donation to the Palatine Park Foundation Scholarship Fund 501(c)(3) ☐ $1 ☐ $3 ☐ $ _____						
Please fill out if applicable. **Shirt Size:** Youth ☐S ☐M ☐L Adult ☐S ☐M ☐L ☐XL **School Attending:** _____					**TOTAL $**	

Visit palatineparks.org to view the Withdrawal and Refund Policy.

PRIVACY POLICY AND PHOTO STATEMENT: Visit **palatineparks.org** to view the Palatine Park District Privacy Policy and Photo Statement.

RELEASE AND HOLD HARMLESS WAIVER

IMPORTANT: The Palatine Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Palatine Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. **WARNING OF RISK:** Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and other risks inherent to the particular activity. In this regard, it is impossible for the Palatine Park District to guarantee absolute safety. **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**: Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity *(including transportation services and vehicle operations, when provided)*. I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have *(or accrue to me or my child/ward)* as a result of participating in this program/activity against the Palatine Park District, including its officials, agents, volunteers and employees. **I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. 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: _____

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 _____