Palos Park Recreation

Family Master Form

The Recreation Department has new recreation software to better serve our participants. The following form needs to be completed if you have not registered with the Palos Park Recreation Department since Summer 2005. The Recreation Department would appreciate your patience during this process. Thank you for your assistance.

Please Print

Family Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____ R/NR

Phone (H):_____ E-mail:_____

Phone (W):_____ Work Contact Person:_____

Phone (Emergency):_____ Emergency Contact Person:_____

Household Adults:

First Name	Last Name *(if different)*	M/F	Date of Birth	Additional Information for Staff *(i.e. health limitations or special needs)*
			/ /	
			/ /	
			/ /	
			/ /	

Child(ren)/Other Family Members:

First Name	Last Name *(if different)*	M/F	Date of Birth	Grade *(if in school)*	Additional Information for Staff *(i.e. health limitations or special needs)*
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