Palos Park Recreation

Family Master Form

This form only needs to be completed once if you or your family members have not registered for a program before with the Recreation Department. The Recreation Department would appreciate your cooperation in completing this form in detail. Thank you for your assistance.

Please Print

Family Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Phone (H):_____ E-mail:_____

Phone (C):_____ Resident/Non-Resident:_____

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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