



# Palos Park Recreation

## Registration Form

Please Print

Family Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Participant's First Name	Program Number	Program Name	Grade (if applicable)	\$5 Tax Deductible Donation	Fee

Additional Information for Staff (i.e. medical needs, availability to coach): \_\_\_\_\_

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

**\*\*Special Requests (car-pooling, scheduling, team placement, etc.) are not guaranteed\*\***

Payment Options:

Total: \$ \_\_\_\_\_

**Cash or Check** (Make checks payable to *Village of Palos Park*)

**Credit Card (circle one):**      MasterCard                      Visa                      American Express

Card #: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement.

\_\_\_\_\_  
Cardholder name

\_\_\_\_\_  
Cardholder signature

I do hereby fully release and discharge the Village of Palos Park and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.

\_\_\_\_\_  
**Signature of Parent/Participant**

**Account**      **Cash**      **CC**      **Check #:** \_\_\_\_\_      **Office Use Only**  
**Amount:** \$ \_\_\_\_\_      **Date:** \_\_\_\_\_      **Staff:** \_\_\_\_\_