



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: _____
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