



# PALOS PARK RECREATION & PARKS DEPARTMENT

## REGISTRATION FORM

**MAIL FORM OR STOP BY 8901 W. 123RD STREET, PALOS PARK, IL 60464**

**FAX TO 708-671-3767**

**EMAIL TO RECREATION@PALOSPARK.ORG**

**OFFICE 708-671-3760**

(will NOT work with google)

*Please Print*

Last Name: \_\_\_\_\_ Preferred Contact Number \_\_\_\_\_

Participant's First Name	Code	Program Name	Shirt Size <i>(if applicable)</i>	\$5 Tax Deductible Donation	Fee

Email Address \_\_\_\_\_

To better serve you we have an option to text information about classes you have registered for to include cancellations or changes, plus facility closures or emergency information pertaining to your classes. Please provide your cell phone number and cell phone company in the space below.

Cell Phone # \_\_\_\_\_ Cell Phone Company \_\_\_\_\_

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

**How did you find out about this program?** Brochure \_\_\_\_\_ Flyer \_\_\_\_\_ Facebook \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Payment Options:

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

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

**Credit Card (check one):**      MasterCard      Visa      American Express      Discover

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

I agree to pay the amount charged to the card listed above in accordance with the card issuer agreement. (If applicable)  
 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. I also give my permission for any photographs/videos of me/my child/ward taken by the recreation department at a class/program/event to be used for publicity purposes.

\_\_\_\_\_

Cardholder name      Signature of Parent/Participant/Cardholder signature

Account	Cash	CC	Check #: _____	<b>Office Use Only</b>	Amount: \$ _____	Date: _____	Staff: _____
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