VILLAGE OF
PALOS PARK

RECREATION DEPARTMENT

FAMILY MASTER 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

CLICK HERE TO EMAIL THIS FORM

(will NOT work with google)

This form only needs to be completed **once** if you or your family members have not registered for a program with the Recreation Department. The Recreation Department would appreciate your cooperation n 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):_____ Preferred Contact Number: (H)☐ (C)☐

Phone (Emergency):_____ Emergency Contact Person:_____

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 _____

Household Adults

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

Child (Children)/Other Family Members:

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