Palatine Park District

ID/Community Fitness Center Application Form

FOR OFFICE USE ONLY
CA CK CG SCH EMP
Proof of Residency R NR HS
Checked by_____ Processed by_____ Batch #_____

ID:

❑ Resident ID $10 ❑ Resident Walking ID ❑ Non-Resident ID $50

❑ Non-Resident Walking ID $10

FITNESS CENTER:

❑ Resident (6 month) ❑ Resident (annual) ❑ Non-Resident (6 month)

❑ Non-Resident (annual)

NAME _____

STREET _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

Family/Senior Couple Passes: Please provide information for each member (18 years & older must be present with ID to register). Must reside in same household.

Method of Payment

❑ Cash ❑ Check (checks payable to Palatine Park District) ❑ Credit Card Total $

Credit Card Payment: ❑ Visa ❑ Master Card ❑ Discover

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiration Date: ☐☐ ☐☐

Cardholder Name: _____ Authorized Signature: _____

NO REFUNDS ARE GIVEN FOR ID CARDS OR FITNESS MEMBERSHIPS.

Name _____ ID # _____ Birthdate _____ Age _____

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WAIVER & RELEASE

By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the above program(s). I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which may arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list specific medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form.

Parent/All Adult Participants (must sign) _____ Date _____

Additional Adult Member (must sign) _____ Date _____