



# Palatine Park District

# DOG PARK REGISTRATION FORM

This form must be submitted in person to the Community Center, 250 E. Wood Street or the Birchwood Recreation Center, 435 W. Illinois Avenue. **Written documentation of vaccinations from vet must be included with registration.**



FOR OFFICE USE ONLY							
CA	CK	CG	R	NR	SR	SCH	EMP
checked by _____				date _____			
processed by _____				date _____			
batch # _____							
member # _____							

Date \_\_\_\_\_ Payment being made by \_\_\_\_\_  
(last name) (first name)

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

My unit of government does not require a dog license \_\_\_\_\_ (Initial)

<b>Dog #1:</b>	Tag _____	Key _____
<b>Dog #2:</b>	Tag _____	Key _____
<b>Dog #3:</b>	Tag _____	Key _____

### EXPIRATION DATE - FOR OFFICE USE ONLY

Prog #	Name of Dog	Rabies	Hepatitis	Distemper	Kennel Cough/ Bordetella	Test for Internal Parasites	Para- influenza	Parvovirus	Valid Village License
7200	Dog #1								
7201	Dog #2								
7202	Dog #3								

I would like to charge my registration to  VISA  MASTERCARD  DISCOVER

Cardholder's name (print) \_\_\_\_\_

Expiration date \_\_\_\_\_ Card number \_\_\_\_\_

Amount of charge \_\_\_\_\_ Authorized signature \_\_\_\_\_

**Fee:** Resident - \$45 first dog, additional dogs \$10 each  
Non-resident - \$90 first dog, additional dogs \$20 each

**Registration is for the calendar year purchased. Registration fees are non-refundable and non-transferable.**

### ALL PARTICIPANTS MUST SIGN THIS SECTION

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.

Participant Signature (must sign) \_\_\_\_\_