Rose Park Administrative Building: 847-259-6890 / Fax: 847-259-9975
530 South Williams Avenue, Palatine, IL 60074 / Email: office@saltcreekpd.com
Twin Lakes Recreation Area: 1200 Twin Lakes Drive / 847-934-6050
Salt Creek Sports Center: 647 Consumers Avenue / 847-394-8806

PROGRAM REGISTRATION FORM

Household Last Name: First Name:

Address:

City: State: Billing Zip: Phone:

Cell: Email:

CODE	PROGRAM NAME	FEE	PARTICIPANTS FULL NAME	SEX	DATE OF BIRTH
		$			
		$			
		$			
		$			
		$			
		$			

Total Amount Due: $_____

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Salt Creek Park District's programs you will be waiving any and all claims for injuries you or your child/ward might sustain.

I acknowledge that there are certain risks of physical injury to participants in the Salt Creek Park District's program(s), and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I hereby fully release and discharge the Park District, its' officers, agents, servants and employees from any and all claims of injuries, damage or loss which may occur due to the participation of myself or my child/ward in any Salt Creek Park District program(s). I further agree to defend, indemnify and hold harmless the Park District its' officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained or arising out of, connected with or in any way associated with the activities of any program(s) that myself or my child/ward participate in. I also understand that photographs and videos are periodically taken of participants while they are engaged in programs, special events and park activities. I give permission to Salt Creek Park District to use these photos in future publications.

The Salt Creek Park District welcomes individuals with disabilities into our program. Please describe any special accommodations needed for successful inclusion into the program.
Accommodations:_____Allergies:_____

THE SALT CREEK PARK DISTRICT HAS MY PERMISSION TO OBTAIN EMERGENCY MEDICAL ATTENTION WHEN REQUIRED.
I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER. I RELEASE ALL CLAIMS.

Signature of Participant/Guardian:_____ **Date:**_____

Payment must be in full at the time of registration. Checks payable to the "Salt Creek Park District." A fee of $30 will be charged to you for any check returned to the District by the bank for any reason. If using the fax registration, please call to verify receipt.
Registration is also available online at www.saltcreekpd.com.

Registration restrictions and dates for the following: Golf Leagues, Private Lessons, Preschool, Hockey, & Summer Camps

PAYMENT INFORMATION				
		Cardholder's Name:		
Check:	#	Expiration Date:	CVV:	Card Amount: $
Cash:	$	Cardholder Signature:		
		PLEASE DO NOT EMAIL CREDIT CARD INFORMATION		

Credit Card #: ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____ - ____ ____ ____ ____