

# Family Information Form



Are you new to the Park Ridge Park District? In order to register, a current Family Information Form must be completed to establish your family account.

Please complete ALL OF THE INFORMATION below. Return this form to any Park District facility for processing.

Residents of the Park Ridge Park District must include proof of residency. To prove residency for your new household account, each family member (including all dependents 25 years and younger), must provide one of the following documents:

1. Current driver's license or state ID
2. Current utility bill
3. For dependents ages 2 to 25 years old, a birth certificate or proof of guardianship.

Resident rates apply to addresses within the geographical boundaries of the Park Ridge Park District. Please check your itemized property tax bill to verify that you pay taxes to the Park Ridge Park District. Your residency verification is valid for two years from the date of submission.

**Family Definition:** A family is parent(s) or civil union partners along with unmarried children age 25 and under living at home. Children age 26 and older living at home and any other relative or individual may not be included on the family account. This includes nannies, grandparents, aunts, uncles, etc. They are considered individual residents and must be entered as an individual family account.

**Primary Contact for Family:** *(please print)*

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Family Last Name

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Address

Apt #

City

State

Zip

Primary Phone

Primary E-mail

(The Park District will keep your e-mail address confidential. This information may be used for updates & marketing promotions from the District.)

**Family Members at Above Address:** (Please list if any Americans with Disabilities accommodations are needed.)

Last Name	First Name	Birth Date	Phone Number	Gender
<b>1</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F
<b>2</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F
<b>3</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F
<b>4</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F
<b>5</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F
<b>6</b> _____ ADA Accommodations: Y / N	_____	_____	Primary: _____ Alternate: _____	M / F

**Emergency Contact Information:** (alternate to primary)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Staff Use: \_\_\_\_\_ Date Entered: \_\_\_\_\_