



# Registration



Under the Americans with Disabilities Act, if you need any accommodations to participate in an activity, please check this box.

## New Lenox Community Park District Registration Form

### Household Information

Home Phone # \_\_\_\_\_ Emerg. Name/Phone # \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### Participant Information

Participant's Name	Class Choice	Actv. #	M/F	Birthdate	T-Shirt size	Program Name	Fee
	1 <sup>st</sup> choice						
	2 <sup>nd</sup> choice						
	1 <sup>st</sup> choice						
	2 <sup>nd</sup> choice						
	1 <sup>st</sup> choice						
	2 <sup>nd</sup> choice						

Total \$ \_\_\_\_\_

Visa    Master Card    American Express    Discover     
 Billing Address Zip Code \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Expiration Date \_\_\_ / \_\_\_ 3 digit code \_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Amount of Charge \$ \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
(The NLCPD reserves the right to change a payment fee to reflect the correct fee.)

**Check or Money Order payable to:**  
**New Lenox Community Park District**  
 Mail to: New Lenox Community Park District  
 One Manor Drive  
 New Lenox, IL 60451

**Upon receipt of your catalog:**  
**Mail-In, Fax-In 815.485.3589,**  
**or Drop-off your registration.**

### YOU MUST SIGN AND DATE WAIVER TO PARTICIPATE IN PARK DISTRICT PROGRAMS.

PLEASE READ CAREFULLY AND BE AWARE THAT IN REGISTERING YOURSELF OR YOUR MINOR CHILD/WARD FOR PARTICIPATION IN THE PROGRAM(S), YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU OR YOUR CHILD/WARD MIGHT SUSTAIN ARISING OUT OF THE PROGRAM(S).

I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE PROGRAM(S) AND I AGREE TO ASSUME THE FULL RISK OF ANY SUCH INJURIES, DAMAGES OR LOSS REGARDLESS OF SEVERITY, WHICH MY CHILD/WARD OR I MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY ACTIVITIES CONNECTED OR ASSOCIATED WITH ANY SUCH PROGRAM(S). I WAIVE AND RELINQUISH ALL CLAIMS I OR MY CHILD/WARD MAY HAVE AGAINST THE NEW LENOX COMMUNITY PARK DISTRICT AND ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES AS A RESULT OF PARTICIPATION OR THE PARTICIPATION OF MY CHILD/WARD IN ANY OF THE PROGRAM(S). I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS AND DEFEND THE PARK DISTRICT AND ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES, DAMAGES AND LOSS SUSTAINED BY ME OR BY MY CHILD/WARD, ARISING OUT OF, CONNECTED WITH, OR IN ANY WAY ASSOCIATED WITH THE ACTIVITIES OF ANY OF THE PROGRAM(S). I HAVE READ AND FULLY UNDERSTAND THE PROGRAM DETAILS AND WAIVER AND RELEASE ALL CLAIMS.

**Photo Disclaimer**  
 Registrants and Participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary

Mandatory signature of participant, parent, or legal guardian.

Date

Mandatory signature of participant, parent, or legal guardian.

Date

For information call: 815.485.3584



www.newlenoxparks.org