

WEEKLY REGISTRATION FORM



One Form per Child



Parent/Guardian Last Name: _____

Primary Phone Number: _____

Child's Last Name: _____

Child's First Name: _____

PLEASE CIRCLE THE DAY(S) YOUR CHILD WILL BE ATTENDING

Weekly Price List:	4 days	3 days	2 days	1 day
First Child	\$84	\$68	\$52	\$36
Second Child	\$78	\$62	\$48	\$33
Add'l Out of District Fee	\$8	\$6	\$4	\$2

Weekly Fee: _____

Late Fee: \$25.00
(if submitted after 8:00am on the Thursday prior.)

JUNE			
Mon.	Tues.	Wed.	Thurs.
June 10	June 11	June 12	June 13
June 17	June 18	June 19	June 20
June 24	June 25	June 26	June 27
JULY			
July 1	July 2	July 3	July 4- NO CAMP
July 8	July 9	July 10	July 11
July 15	July 16	July 17	July 18
July 22	July 23	July 24	July 25
July 29	July 30	July 31	Aug. 1

Visa Master Card American Express Discover Billing Zip Code _____ Account Number _____ Expiration Date ____ / ____ Security Code _____ Cardholder Name _____ Amount of Charge \$ _____ Authorized Signature _____ <small>(The NLCPD reserves the right to change a payment fee to reflect the correct fee.)</small>

Check or Money Order payable to:
NLCPD
Mail to: New Lenox Community Park District
701 W Haven Avenue, New Lenox, IL 60451
Mail-In, Drop-Off or Fax-In 815-485-3589

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 that 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, and any other cooperative 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) and cooperative programs with other park districts. I further agree to indemnify and hold harmless and defend the park district(s) 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.

_____ Mandatory Signature of parent or legal guardian. Date