

EARLY RISERS/NIGHT OWLS WEEKLY REGISTRATION FORM

One Form per Child

Parent/Guardian Last Name: _____ Primary Phone Number: _____

Address: _____

Child's Last Name: _____ Child's First Name: _____

Early Risers OR Night Owls					
Weekly Price List for Each Session:	5 days	4 days	3 days	2 days	1 day
First Child	\$63	\$52	\$42	\$30	\$16
Second Child	\$58	\$48	\$39	\$28	\$15
Add'l Out of District Fee	\$10	\$8	\$6	\$4	\$2

Early Risers AND Night Owls					
Weekly Price List for Each Session:	5 days	4 days	3 days	2 days	1 day
First Child	\$101	\$83	\$67	\$48	\$26
Second Child	\$93	\$76	\$62	\$44	\$24
Add'l Out of District Fee	\$10	\$8	\$6	\$4	\$2

Weekly Fee:

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>
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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)
 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 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

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

Mon.	Tues.	Wed.	Thurs.	Fri.
June 10 ER NO	June 11 ER NO	June 12 ER NO	June 13 ER NO	June 14 ER NO
June 17 ER NO	June 18 ER NO	June 19 ER NO	June 20 ER NO	June 21 ER NO
June 24 ER NO	June 25 ER NO	June 26 ER NO	June 27 ER NO	June 28 ER NO
July 1 ER NO	July 2 ER NO	July 3 ER NO		July 5 ER NO
July 8 ER NO	July 9 ER NO	July 10 ER NO	July 11 ER NO	July 12 ER NO
July 15 ER NO	July 16 ER NO	July 17 ER NO	July 18 ER NO	July 19 ER NO
July 22 ER NO	July 23 ER NO	July 24 ER NO	July 25 ER NO	July 26 ER NO
July 29 ER NO	July 30 ER NO	July 31 ER NO	Aug. 1 ER NO	Aug. 2 ER NO
Aug. 5 ER NO	Aug. 6 ER NO	Aug. 7 ER NO	Aug. 8 ER NO	Aug. 9 ER NO
Aug. 12 ER NO	Aug. 13 ER NO	Aug. 14 ER NO	Aug. 15 ER NO	Aug. 16 ER NO
Aug. 19 ER NO	Aug. 20 ER NO			