CAMP WEWANNAGO WEEKLY REGISTRATION FORM

One Form per Child

Household Information

Primary Number: _____ Parent/Guardian Last Name: _____

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

Home Address: _____

Weekly Price List for Each Session:	5 days	4 days	3 days	2 days
First Child	$142	$125	$98	$69
Second Child	$133	$117	$92	$65
Add'l Nonresident Fee	$5	$4	$3	$2

Special Nonresident Summer Rate

Please circle or select the days in the session your child will be attending.

REGISTRATION DEADLINE: Monday, June 22

SESSION ONE	Mon.	Tues.	Wed.	Thurs.	Fri.
	June 29 ☐	June 30 ☐	July 1 ☐	July 2 ☐	
	July 6 ☐	July 7 ☐	July 8 ☐	July 9 ☐	July 10 ☐

REGISTRATION DEADLINE: Monday, July 6

SESSION TWO	Mon.	Tues.	Wed.	Thurs.	Fri.
	July 13 ☐	July 14 ☐	July 15 ☐	July 16 ☐	July 17 ☐
	July 20 ☐	July 21 ☐	July 22 ☐	July 23 ☐	July 24 ☐

REGISTRATION DEADLINE: Monday, July 20

SESSION THREE	Mon.	Tues.	Wed.	Thurs.	Fri.
	July 27 ☐	July 28 ☐	July 29 ☐	July 30 ☐	July 31 ☐
	August 3 ☐	August 4 ☐	August 5 ☐	August 6 ☐	August 7 ☐

REGISTRATION DEADLINE: Monday, August 3

SESSION FOUR	Mon.	Tues.	Wed.	Thurs.	Fri.
	August 10 ☐	August 11 ☐	August 12 ☐	August 13 ☐	August 14 ☐
	August 17 ☐	August 18 ☐	August 19 ☐		

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, and any other cooperative Park District and it 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, a rising out of,connected with,or in anyway 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 Participant, Parent, or Legal Guardian **Date**

Please mark payment type:

- ☐ CASH
- ☐ CHECK
- ☐ VISA
- ☐ MASTERCARD
- ☐ DISCOVER
- ☐ AMERICAN EXPRESS

Billing Address Zip Code: __ __ __ __ __

Account Number: | | | | | | | | | | | | | | | | |

Expiration Date:____/____ Security Code: __ __ __

Cardholder Name: _____

Billing Address: _____

Address City/State

Amount of Charge: $ _____

Authorized Signature: _____

(The NLCPD reserves the right to change a payment to reflect the correct fee.)

Check or Money Order Payable To:

New Lenox Community Park District "NLCPD"

Mail To:
New Lenox
Community Park District
701 W. Haven Avenue
New Lenox, IL 60451

Upon Receipt of Your Catalog:
Mail-In, Fax-In (815.485.3589)
or Drop Off Your Registration.