

City:______ State:____ Zip Code:_____

Household Information

Under the Americans with Disabilities Act, if you need any accommodations to participate in an activity, please indicate: Yes No

*Please indicate for whom below.

Emergency Contact Relation:_____

Primary Number:	CellPhone:
LastName:	Work Phone:
Home Address:	Emergency Contact:

FOR OFFICE US	EONLY: INITIAL	LS: DATE:	TYF	PE:	

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

Pleaseread carefully and be aware that in registering your selfor 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 a rising out of the program (s).

Irecognize 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, 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 o	f Participant, Parent, or Legal Guardian Do	ite
Please mark payment type: CASH CHECK	Billing Address Zip Code: Account Number: Security Code: Cardholder Name: Billing Address:	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.
☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS	Address City/State Amount of Charge: \$ Authorized Signature: (The NLCPD reserves the right to change a payment to reflect the correct fee.)	