CAMP WEWANNAGO WEEKLY REGISTRATION FORM

One Form per Child

Primary Number: _____ Parent/Guardian Last Name: _____

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

Home Address: _____

Weekly Price List					
	5 days	4 days	3 days	2 days	1 day
First Child	$142	$125	$100	$71	$52
Second Child	$133	$117	$94	$67	$49
Add'l NR Fee	$12	$10	$8	$6	$4

Weekly Fee: _____

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

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

Mon.	Tues.	Wed.	Thurs.	Fri.
	June 1	June 2	June 3	June 4
June 7	June 8	June 9	June 10	June 11
June 14	June 15	June 16	June 17	June 18
June 21	June 22	June 23	June 24	June 25
June 28	June 29	June 30	July 1	July 2
	July 6	July 7	July 8	July 9
July 12	July 13	July 14	July 15	July 16
July 19	July 20	July 21	July 22	July 23
July 26	July 27	July 28	July 29	July 30
Aug. 2	Aug. 3	Aug. 4	Aug. 5	Aug. 6
Aug. 9	Aug. 10	Aug. 11	Aug. 12	Aug. 13
Aug. 16	Aug. 17			

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 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.