NEW LENOX COMMUNITY PARK DISTRICT REGISTRATION FORM

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.

Household Information

Primary Number: _____ Cell Phone: _____

Last Name: _____ Work Phone: _____

Home Address: _____ Emergency Contact: _____

City: _____ State: _____ Zip Code: _____ Emergency Contact Relation: _____

Email: _____ Emergency Phone: _____

Participant's Name	ACTV#	Program Name	Birth Date	Grade	M/F	Fee	Allergies or ADA Requested*

FOR OFFICE USE ONLY: INITIALS:_____ DATE:_____ TYPE:_____

First and Last Name of Five Adults that will be picking up your child(ren) from our Program. You must include parent/guardian names:

1. _____
2. _____
3. _____
4. _____
5. _____

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, 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 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.