



Trailblazers Registration 2023-2024 School Year

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 First Name: _____

Participant's Last Name: _____

Under the Americans with Disabilities Act, does your child need any accommodations to participate in an activity? Circle: Yes or No

1. What Kindergarten time is your child assigned to from District 122?

AM - (8:25 - 10:55am) or PM - (12:20pm 2:50pm)

2. Circle the days your child will be attending Trailblazers. This is a SET schedule. No Variations.

Must choose 3 to 5 days

Monday Tuesday Wednesday Thursday Friday

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 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.

Signature: _____ **Date:** _____

Mandatory Signature of Participant, Parent, or Legal Guardian

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____