

Camp Sunshine One-Time Registration Form

Parent/Guardian Name: _____ Cell Phone #: _____

Parent/Guardian Name: _____ Cell Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact Name/Phone Number: _____

CHILD #1 NAME: _____

Birth Date: _____ Age (2024-2025 School Year): _____

| T-Shirt Size | Youth X-Small (4-5) | Youth Small (6-8) | Youth Medium (10-12) | Youth Large (14-16) |
|--------------|------------------------|----------------------|-------------------------|------------------------|
| Quantity | | | | |

CHILD #2 NAME: _____

Birth Date: _____ Age (2024-2025 School Year): _____

| T-Shirt Size | Youth X-Small (4-5) | Youth Small (6-8) | Youth Medium (10-12) | Youth Large (14-16) |
|--------------|------------------------|----------------------|-------------------------|------------------------|
| Quantity | | | | |

CHILD #3 NAME: _____

Birth Date: _____ Age (2024-2025 School Year): _____

| T-Shirt Size | Youth X-Small (4-5) | Youth Small (6-8) | Youth Medium (10-12) | Youth Large (14-16) |
|--------------|------------------------|----------------------|-------------------------|------------------------|
| Quantity | | | | |

Total Fees:

| Fee Type | Fee Amount | Quantity | Total Due |
|------------------|------------|----------|-----------|
| Registration Fee | \$35.00 | | |
| T-Shirt Fee | \$10.00 | | |

Compiled Total Due:

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.

Parent/Guardian Signature Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____ Type: _____