

CAMP SUNSHINE WEEKLY REGISTRATION FORM

One Form per Child

Primary Number: _____ Parent/Guardian Last Name: _____

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

Please circle or e-mail the days your child will be attending

Weekly Price List				
	4 days	3 days	2 days	1 day
Per Child	\$100	\$83	\$64	\$44
Add'l NR Fee	\$17	\$14	\$11	\$8

Mon.	Tues.	Wed.	Thurs.
June 10	June 11	June 12	June 13
June 17	June 18		June 20
June 24	June 25	June 26	June 27
July 1	July 2	July 3	
July 8	July 9	July 10	July 11
July 15	July 16	July 17	July 18
July 22	July 23	July 24	July 25

Weekly Fee: _____

Late Fee: **Late Fee of \$25.00 if not received by 10 AM on TUESDAY of the previous week.**

Registration for the upcoming week will NOT be accepted after THURSDAY @ 12 pm

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

Mandatory Signature of parent or legal guardian

Date

Payment Type

___ Cash
___ Check
___ Credit

Visa/Mastercard American Express Discover

Account Number _____

Expiration Date ___/___/___ CVV ___ Zip ___

Cardholder Name _____

Amount of Charge \$ _____

Authorized Signature _____

(The NLCPD reserves the right to change a payment fee to reflect the correct fee)

Check or Money Order

Payable To:

New Lenox Community Park District

Emailed to: geninfo@newlenoxparks.org

Faxed to: 815-485-3589

Dropped off to our:

Administrative Building, 701 W. Haven

Business Hours:

M-F 9:00am-5:00pm