Haines/Oakview ACES Registration Form 2024-2025 School Year **August** Under the American's with Disability Act, if you need any accommodations to participate in an activity please check this box. Does the participant require an Aide for the program Parent /Guardian Last Name:_____ Primary Phone Number: Child's Last Name (if different): PLEASE CIRCLE PAYMENT TYPE: Late Fee of \$25.00 will be added VISA if registration is not received Please check either AM, PM or both on the day your child will be attending. before WEDNESDAY of the BILLING ADDRESS ZIP CODE: __ _ _ _ _ previous week. Monday Tuesday Wednesday Thursday Friday ACCOUNT NUMBER: _____ SECURITY CODE: Registration for the upcoming CARDHOLDER NAME: _____ week will NOT be accepted after BILLING ADDRESS: THURSDAY @ 12 pm CITY/STATE ADDRESS AMOUNT OF CHARGE: \$ _____ AUTHORIZED GNATURE: (The NLCPD reserves the right to change a payment to reflect the correct fee.) SIGNATURE: First Name: 8/22/2024 8/21/2024 8/23/2024 Email to: geninfo@newlenoxparks.org AM | | AM | | Weekly Fee: РМ 🗌 PM \square РМ 🗆

Photo Disclaimer

Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

Price List	5 Days	4 Days	3 Days	2 Days	1 Day
Before School—67013	\$67.00	\$56.00	\$46.00	\$34.00	\$20.00
2nd Child	\$62.00	\$52.00	\$42.00	\$31.00	\$18.00
After School—67014	\$83.00	\$68.00	\$55.00	\$39.00	\$23.00
2nd Child	\$77.00	\$63.00	\$51.00	\$36.00	\$21.00

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).

8/26/2024 | 8/27/2024

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8/28/2024

8/29/2024

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8/30/2024

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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, and 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