



**Sponsored By**



# Proud American Days Baby Contest Sat., July 28 @ 10:00am

**\$10 Pre-Registered-Deadline Fri., July 20**  
**\$15 Walk-Up Registration: Sat., July 28 from 9:00-9:45am**  
[www.newlenoxparks.org](http://www.newlenoxparks.org)

**601 Lincoln Highway, New Lenox (East of Walmart)**



Child First Name: \_\_\_\_\_ Birth Date (Month/Date/Year): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**New Lenox Park District Waiver & Release Of All Claims**

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.

\_\_\_\_\_  
**Mandatory signature of parent or legal guardian**

\_\_\_\_\_  
**Date**

**Circle Age Group:**

- Ages Birth to 5 Months      ACTV#14289-A1
- Ages 6 to 11 Months        ACTV#14289-A2
- Ages 12 to 17 Months      ACTV#14289-A3
- Ages 18 to 23 Months      ACTV#14289-A4
- Ages 24 to 29 Months      ACTV#14289-A5
- Ages 30 to 36 Months      ACTV#14289-A6

**Mail To:**

New Lenox Community Park District  
701 W. Haven Ave.  
New Lenox, IL 60451

**Or Fax To: 815.485.3589**

**Make Check Payable to NLCPD**

Visa    Master Card    American Express    Discover Billing Zip Code _____ Account Number _____ Expiration Date ____ / ____ Security Code _____ Cardholder Name _____ Amount of Charge \$ _____ Authorized Signature _____ <small>(The NLCPD reserves the right to change a payment fee to reflect the correct fee.)</small>
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**Office Use Only:**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_



# 2018 Proud American Days Baby Contest Bio



**Sponsored By:**



*For Office Use Only*  
**Contestant Number**

\_\_\_\_\_

**Bring this form with you on the day of the contest,  
Saturday, July 28th @ 10:00am under the Entertainment  
Tent!**

**Child's First Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Circle One:** BOY or GIRL

**Please describe your child in 20 words or less:**

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**For more information call 815.485.3584**