



ACES Commitment Form

Child's Name: _____ Primary Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

School Grade: _____

Circle the ACES Campus your child attends:

Spencer Campus Nelson Campus Tyler/Bentley Campus Haines/Oakview Campus

Circle your choice of days and session that your child will be attending ACES.

This is a set schedule, no variations.

You may choose 1 to 5 days.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Under the Americans with Disabilities Act, does your child need any accommodations to participate in an activity?

Yes No

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

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____