

FOR OFFICE USE ONLY

PAYMENT: _____

CASH CHECK # _____ CC

**WHITPAIN TOWNSHIP PARKS AND RECREATION DEPARTMENT
PROGRAM REGISTRATION FORM**

Name: _____ Birth Date: _____ Age: _____ (if appropriate)

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Work# _____ Cell _____

e-mail Address _____ (please PRINT clearly)

Emergency Contact: _____ Relationship _____ Phone #: _____

RELEASE - AGREEMENT

I agree that I/child/guardian shall be subject to the rules and regulations of the Township of Whitpain, Parks & Recreation Department. I/parent/guardian assume all risks and hazards incidental to such participation, including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Whitpain Township Parks & Recreation Department, the organizers, sponsors, supervisors, and participants. I/parent/guardian hereby give permission of any and all medical attention necessary to be administered to myself/child/guardianship in the event of an accident, injury, sickness, etc. I the parent/guardian authorize the director or any official of the Whitpain Township Parks and Recreation Department in my absence and prior to the person(s) listed on the form being contacted to authorize immediate first aid and emergency transport to the appropriate medical care facility. I/parent/guardian understand that no health and/or accident insurance is provided for the participants and I accept full responsibility for obtaining same or for payment of all expenses in the absence of such insurance. I hereby assume the responsibility for payment of any such treatment and release the Whitpain Township Parks and Recreation Department and its officials from any and all liability or claims arising out of any injury, accident or sickness to myself/child/guardianship. I Hereby Attest That All The Information Contained In This Registration Form Is Complete And Correct. Signature permits Whitpain Township to use your child's likeness in any Township publications.

signature _____ Date _____

Program _____ **Dates** _____ **Time(s)** _____

Location _____ **Instructors Name** _____ **Staff Initials** _____

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