

Lower Gwynedd Township Parks & Recreation Department
Program Registration Form

DO NOT use this for the **Lower Gwynedd Summer Camp Program**,
Registration Forms can be downloaded off the Township Website,
www.lowergwynedd.org

Participant's Name: _____ Age (if applicable): _____ Date of Birth: _____

Guardian's Name / Relationship (for youth under 18): _____

Mailing Address: _____ City & Zip: _____

Day Phone: _____ Evening Phone: _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

Specials Needs or Allergies: _____

Program Title: _____

Check one:

Lower Gwynedd Township Resident

I am a Non-Resident

Cost: _____ Please make checks payable to **Lower Gwynedd Township**

Registrations can be mailed to: Lower Gwynedd Township
P.O. Box 625
Spring House Pa 19477-0625
Attn: Parks & Recreation Dept.

Phone: 215-646-5302
Fax: 215-646-3357

Participant's Waiver & Release

The UNDERSIGNED PARTICIPANT and/or his parent or legal guardian, in consideration of the Township of Lower Gwynedd, through their Park & Recreation Board, providing facilities, instruction, and supervision in the activity for which he has registered does hereby:

1. Assume all risks and responsibilities of possible damage or injury through participation in said activity. I understand I am to furnish my own health insurance in case of injury.
2. Request permission to participate in the activity with full knowledge that said activity could result damage or injury to me.
3. Agree to furnish a certified birth certificate or proof of birth of the above names upon request by the Township of Lower Gwynedd or the activity's instructor.
4. Agree to indemnify and hold harmless the Township and their departments and agents against liability for personal injury or property damage resulting from my participation in said activity.
5. Acknowledge that programs held through the Township of Lower Gwynedd may be filled or cancelled without prior notification.
6. Agree that once the classes have begun, no refunds are provided for participants.
7. Agree to allow Lower Gwynedd Township to use any photos taken at the activity for future Township publications.
- 8.

Parents (or Legal Guardian's) Signature: _____ **Date:** _____

For Office Use Only: Date Received: ___/___/___ Received By: _____ Amount: \$ _____
Check Number: # _____ Receipt Number: # _____ Received ___ Walk-In ___ Mail ___ Other