Montgomery Township Park and Recreation Department

KIDS UNIVERSITY REGISTRATION & MEDICAL FORM

Cash or Check made payable to "Montgomery Township". Mail or hand deliver form & payment to Montgomery Township Recreation Department, 1001 Stump Road, Montgomeryville, PA 18936. 215-393-6900

Please Circle Applicable Kids University Selection(s)

Extra Hours (8-6pm)	**Full Day (9-4pm)**	**Half Day AM**	**Half Day PM**
Week 1 - $165	Week 1 - $145	Week 1 - $95	Week 1 - $95
Week 2 - $165	Week 2 - $145	Week 2 - $95	Week 2 - $95
Week 3 - $165	Week 3 - $145	Week 3 - $95	Week 3 - $95
Week 4 - $165	Week 4 - $145	Week 4 - $95	Week 4 - $95
Week 5 - $165	Week 5 - $145	Week 5 - $95	Week 5 - $95
Week 6 - $165	Week 6 - $145	Week 6 - $95	Week 6 - $95
Week 7 - $165	Week 7 - $145	Week 7 - $95	Week 7 - $95
Week 8 - $165	Week 8 - $145	Week 8 - $95	Week 8 - $95
All 8 weeks - $990	All 8 weeks - $870	All 8 weeks - $570	All 8 weeks - $570
Total: _____	Total: _____	Total: _____	Total: _____

PARTICIPANT INFORMATION

Participant's Last Name: _____ First Name: _____

Participant's Age: _____ Date of Birth: _____ Sex: Male / Female

Address: _____
Street City State Zip Municipality

Home Phone: _____ Cell Phone: _____ Email: _____

Mother/Guardian: _____ Work: _____ Cell: _____

Father/Guardian: _____ Work: _____ Cell: _____

Allergies/Medical Conditions/Special Needs: _____

Emergency Contact: _____ Cell Phone: _____

Person(s) to Whom Child May be Released:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

HEALTH INFORMATION

Insurance Carrier: _____ Group Number: _____ Policy Number: _____

Medication (only dispensed w/doctors orders): _____ Last Tetanus: _____

Child's Physician: _____ Phone: _____ Preferred Hospital: _____

Allergies: _____

Special Conditions: _____

WAIVER & RELEASE

I, THE PARENT/GUARDIAN: _____ Grant permission for the applicant to participate in all planned activities. I hold harmless the staff of Montgomery Township for all liability for any injury which may occur to my child during or resulting from participating in the program. Montgomery Township is not responsible for lost, stolen or damaged personal articles. I also authorize Montgomery Township to take and use photographs, slides and or video tapes of the applicant for use in future Montgomery Township promotional materials.

1. If the program described above involves a sports program, I certify that I, the undersigned, parent or legal guardian of said participant listed above do certify that the participant is in good health and is able to participate in said program.
2. I, the undersigned, parent or legal guardian, understand that no health, and/or accident insurance is provided for participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.
3. I, the undersigned, parent or legal guardian, understand that Montgomery Township shall have the right at their discretion to enforce established rules of conduct and/or terminate individual's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.
4. I, the undersigned, parent or legal guardian, hereby grants Montgomery Township and any of their directors, members, agents and other representatives full authority to take whatever action they consider to be warranted regarding said participants health and safety, and fully release all of them from any liability for such actions taken on participant's behalf.
5. I, the undersigned, parent or legal guardian, will furnish a certified birth certificate or proof of birth of the said participant upon request by Montgomery Township.
6. I, the undersigned, parent or legal guardian understand and agree that once said program has begun, no refunds are provided for said participants; unless, program is cancelled by Township or organization sponsoring program.
7. I, the undersigned, parent or legal guardian allow Montgomery Township to use any photos taken at an activity for future Township Publications.

_____ _____ _____

Parent/Guardian Signature **Date** **Receipt Number**