

# Montgomery Township Park & Recreation Department

## REGISTRATION 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

### PROGRAM INFORMATION

Program/Trip Code	Program/Trip Name	Fee

### 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: \_\_\_\_\_

**Participant's Waiver and Release: The UNDERSIGNED PARTICIPANT/GUARDIAN, in consideration of the Township of Montgomery, through their Parks & Recreation Board, providing facilities, instruction, and supervision in the activity for which he/she has registered does hereby represent:**

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, hereby releases Montgomery Township and any of their directors, members, agents employees, and other representatives, from liability so long as no gross or willful negligence or misconduct is involved.
6. 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.
7. 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.
8. I, the undersigned, parent or legal guardian allow Montgomery Township to use any photos taken at an activity for future Township publications.

\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receipt Number