

WORCESTER TOWNSHIP PARKS AND RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

Please complete the following information to register for a program offered by the Department of Parks and Recreation.
All Information must be completed for enrollment.

Participant Information

Program Name	Fee
Total Fees	

Participant Name: _____

Participant Age: _____ Date of Birth: _____

Address: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Allergies/Medical Issues: _____

Would you like to be enrolled to receive our e-news blast: Yes No

Payment Information

Payment Type: **Cash** **Check** **Credit Card**

Payable to Worcester Township

**There is a service charge fee added to the total if using a card.*

Credit Card Information (Service Charge Fee will Apply):

Name on Card: _____ Type of Card: _____

Card Number: _____ Expiration Date: _____

CVC Number (Back of Card): _____

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 Worcester 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 Worcester 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 Worcester 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 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 allows Worcester Township to use any photos taken at an activity for future Township publications.

Signature: _____ Date: _____

Return form and payment to: Worcester Township, 1721 Valley Forge Road, PO Box 767, Worcester, PA 19490