

# WHITPAIN TOWNSHIP

960 Wentz Road  
P.O. Box 800  
Blue Bell, Pennsylvania 19422  
Telephone (610) 277-2400 | Fax (610) 277-2209

## PARKS AND RECREATION DEPARTMENT MAIL-IN REGISTRATION FORM

Program \_\_\_\_\_ Program Dates \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program \_\_\_\_\_ Program Dates \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program \_\_\_\_\_ Program Dates \_\_\_\_\_ Fee \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ Check One:  Resident  Non-Resident  
Make check payable to Whitpain Township

Name \_\_\_\_\_ Age \_\_\_\_\_  
Only if Restrictions apply

Address \_\_\_\_\_  
(Street – City – Zip)

Phone #s Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Any Disabilities \_\_\_\_\_

### RELEASE AGREEMENT

I/parent/guardian certify that the above individual is in good health and is physically able to participate in all activities of the program designated. 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 hazard 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 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 & Recreation Department and its officials from any and all liability or claims arising out of any injury, accident or sickness to myself/child/guardianship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date