

# PARKS & RECREATION PROGRAM REGISTRATION FORM

<b>Parent/Guardian:</b> First Name		Last Name				
Address		Email				
City		State	Zip Code			
Home Phone (     )     )		Cell Phone (     )     )				
Emergency Phone (     )     )		Emergency Contact				
<b>Participant</b>		Birth date			Program Name/Date/Time/Session	Fees
First	Last	Mo	Day	Year		

Medical Information, special needs, (e.g., Allergies or other medical restrictions, issues, etc.) - if additional space is needed, attach information to application.)

**General Recreation Programs:** Please make check or money order payable to: Abington Township and mail to Abington Township Parks & Recreation, 515 Meetinghouse Road, Jenkintown, PA 19046.

**Briar Bush Nature Center Programs:** Please register online at [www.briarbush.org](http://www.briarbush.org) or make check or money order payable to: **Friends of Briar Bush** and mail to: BBNC, 1212 Edgehill Road, Abington, PA 19001

**Refund Policy:** A 20% service fee will be charged for all refunds. Request must be made at least five (5) business days before a program / thirty (30) days before a trip is scheduled to begin. Refunds will not be issued once the program begins. For Briar Bush Nature Center's refund policy, please visit [www.briarbush.org](http://www.briarbush.org).

**Photo Policy:** On occasion, we may take photos or video of individuals enrolled in programs or using parks facilities. Please be aware that these images are for Township use and may be used in future promotional materials.

X \_\_\_\_\_  
Parent/Participant Signature

<b>FORM OF PAYMENT - OFFICE USE ONLY</b>	
Total Fee \$ _____	Date _____
CASH*    CHECK # _____    MONEY ORDER # _____    VISA*    MASTER CARD*    DEBIT CARD* (*IN PERSON)	

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## ABINGTON TOWNSHIP PROGRAM PARTICIPANT LIABILITY WAIVER AND RELEASE

**READ CAREFULLY BEFORE SIGNING- THIS FORM MUST BE COMPLETED AND SUBMITTED FOR EACH PARTICIPANT. ONE PARTICIPANT PER FORM. EACH PARTICIPANT AGE 18 AND OVER MUST SIGN THIS FORM. PARENT/GUARDIAN MUST SIGN ON BEHALF OF ANY MINOR PARTICIPANT.**

I acknowledge that I voluntarily have applied, for myself and/or any additional family members or minors in my care, to participate in program(s) and/or events offered by the Township of Abington.

I understand that participation in such program(s) involves risk of injury. I understand these risks are entirely my responsibility. I expressly assume these risks. In particular, I am aware of the risks and hazards inherent upon entering the program area(s) and I choose to voluntarily enter the premises, knowing the conditions might become more hazardous and/or dangerous for myself and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my participation.

By signing this release of liability and participating in the program(s), and in consideration for being permitted to participate in the program(s), I do hereby, for myself, my heirs, executors, administrators and assigns, and/or for any additional family members and minors in my care for whom I am submitting a registration, fully and forever release, indemnify, and discharge Abington Township and their officers, officials, departments, and other representatives and their heirs, administrators, successors and assigns, from any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative, and/or any minors in my care may have or acquire against Abington Township and their officers, agents and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me and/or any minors in my care which may occur during or by reason of my, and/or any additional family members' or minors' in my care, participation in the program(s), whether the same be known or unknown, anticipated or unanticipated. I fully and forever release and discharge Abington Township and their volunteers and vendors, employees and agents from any and all negligent acts and omissions in the same. I hereby grant Abington Township and any of its officials, officers, agents and other representatives full authority to take whatever action they may consider to be warranted regarding my, and/or any additional family members' or minors' in my care, health and safety, and I fully release Abington Township, its officials, officers, agents and other representatives from any liability for such actions taken on my behalf or on behalf of any additional family members or minors in my care.

I understand that no health and/or accident insurance is provided by Abington Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

Please check each program the participant is registering for:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult Aikido                | <input type="checkbox"/> Explore New York          | <input type="checkbox"/> Pickleball 101                 |
| <input type="checkbox"/> Archery                     | <input type="checkbox"/> Fall Soups                | <input type="checkbox"/> Pickleball 201                 |
| <input type="checkbox"/> Babysitting Workshop        | <input type="checkbox"/> i9 Basketball             | <input type="checkbox"/> Round Robin Pickleball         |
| <input type="checkbox"/> Beginner's Camping Workshop | <input type="checkbox"/> Introductory Tennis       | <input type="checkbox"/> Senior Squirts Multi Sport     |
| <input type="checkbox"/> Cape May for the Day        | <input type="checkbox"/> Little Ninjas             | <input type="checkbox"/> Soccer Shots                   |
| <input type="checkbox"/> Children's Aikido           | <input type="checkbox"/> New York on Your Own      | <input type="checkbox"/> Squirts Multi Sport            |
| <input type="checkbox"/> Drop n' Shop                | <input type="checkbox"/> Parent Assist Multi Sport | <input type="checkbox"/> Stress Free Holiday Appetizers |



**Please print clearly:**

Adult Participant Name (Print): \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If participant is a minor, parent/guardian must sign below:*

Minor Participant Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_