

PARKS & RECREATION PROGRAM REGISTRATION FORM

Parent/Guardian: First Name					Last Name	
Address					Email	
City					State	Zip Code
Home Phone ()					Cell Phone ()	
Emergency Phone ()					Emergency Contact	
Participant			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 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.

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

FORM OF PAYMENT - OFFICE USE ONLY

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"/> Day Trip to Christmas City | <input type="checkbox"/> NYC Day On Your Own |
| <input type="checkbox"/> Alverthorpe Park Fun Run | <input type="checkbox"/> Financial Planning & Danger | <input type="checkbox"/> Ornament Making & Cookie |
| <input type="checkbox"/> Babysitting Workshop | <input type="checkbox"/> of Scamming Seminar | <input type="checkbox"/> Decorating |
| <input type="checkbox"/> Children's Aikido | <input type="checkbox"/> Flower Arrangement Class | <input type="checkbox"/> Parent-Child Golf Tournament |
| <input type="checkbox"/> Cooking - Couple's Pasta Making | <input type="checkbox"/> i9 Basketball | <input type="checkbox"/> Soccer Shots |
| <input type="checkbox"/> Cooking - Unique Holiday Sides | <input type="checkbox"/> Indoor Pickleball Club | <input type="checkbox"/> Spy Training Camp |
| <input type="checkbox"/> Countdown to Noon Kids Craft | <input type="checkbox"/> Little Ninjas | <input type="checkbox"/> STEM Challenge Camp |
| <input type="checkbox"/> Day | <input type="checkbox"/> Native Plant Gardening Seminar | <input type="checkbox"/> STEM Survival Camp |



____ STEM Toymakers Workshop
____ Tennis Program
____ Walking Club

____ Washington DC Cherry Blossom
Festival
____ Watercolor Exploration Night
Classes

____ Yogalates
____ Zombie Survival Camp

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: _____