

# PROGRAM REGISTRATION FORM

Township of Middlesex Department of Parks & Recreation  
133 Browns Hill Road Valencia PA 16059 724-898-3571

Please fill out one registration form for each person and program. Feel free to copy the form or request additional forms. Acceptance of registration form is based on availability, as some programs are limited in size with both minimum and maximum requirements. Full payment is due with completed registration form. Make all checks payable to **Middlesex Township**, unless otherwise noted.

Please print and complete all information.

Program Name: \_\_\_\_\_ Program Fee: \$ \_\_\_\_\_  
Participant's Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
Participant's Birth Date (if applicable for program purposes): \_\_\_\_\_ Current Age \_\_\_\_\_  
Parent/Guardian Name: First \_\_\_\_\_ Last \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Are you: A Middlesex Township resident? Yes \_\_\_ No \_\_\_ A Mars Area School District Resident? Yes \_\_\_ No \_\_\_  
How did you hear about the program? \_\_\_\_\_  
Does participant have any medical concerns about which the Township and/or the instructor should be advised (disclosure is voluntary)?  
If so, please list: \_\_\_\_\_

## LIABILITY WAIVER

In consideration of my or my child's participation in all of the Township of Middlesex Recreational Program activities in which I or my child participate(s), I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, fully and completely waive and release, acquit and forever discharge the Township of Middlesex, or the Township of Middlesex Recreation and Parks Department, or any of their officers, agents, volunteers working under the direction of the Township, firms and corporations, whether herein named or referred to or not, from any and all future rights, claims, causes of action, civil claims, demands, costs, attorney fees, loss of service, expenses, compensation, third party actions, subrogation claims, suits at law or equity, including suits for contribution and indemnity, of whatever nature, and all consequential damages on account of, or in any way associated with participation in the above mentioned program or with arriving to and/or returning from any activity associated with the program.

I/we further state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our own free act. I/we acknowledge that signature by either parent or by one guardian hereby binds all parents and/or guardians of any minor participant.

I have read and fully understand the Liability Waiver and program policies on this form.

Signature of Participant/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PROGRAM REGISTRATION INFORMATION

**Priority Registration Policy:** Please register early. Programs are filled on a first-come, first-served basis. Residents of Middlesex Township and/or the Mars Area Schhol District boundaries will be given priority over non-residents if program fills quickly.

**Waiting Lists:** When programs reach their maximum enrollment, interested participants are placed on a waiting list in the order registrations are received. These lists provide us with a name and phone number in case of cancellations or the addition of new classes.

**Program Cancellations or Changes:** The Township reserves the right to cancel, postpone, or change the time, date, cost or location of programs or to make any revisions that may be necessary.

**Refunds:** Refunds will be granted according to the following guidelines:

1. If a minimum number of participants are not reached, the program will be cancelled and a full refund will be issued.
2. If a maximum number of participants are reached, the program will be closed and a full refund will be issued.
3. If for any unforeseen reason the Township has to cancel a program, a full refund will be issued.
4. All requests for refund must be submitted in writing to the Township at least one week prior to the program start date. No refunds will be issued after that time. A processing fee of \$5.00 or 25% of the program fee, whichever is less, will be deducted from the refund amount. Please allow 2-4 weeks for refunds to be processed.

**Program Fees:** Program fees are determined by the instructor's fee and include supply costs and other expenses for minimum enrollment. All fees collected support and finance the program. NOTE: Some classes may require additional fees or supplies.

## OFFICE USE ONLY

Program Registration: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_