



TOWNSHIP OF ABINGTON  
BUREAU OF PARKS AND RECREATION

## PROGRAM REGISTRATION FORM

Please complete the registration form in its entirety and mail or drop off the form and fee to:  
Parks and Recreation, 515 Meetinghouse Road, Jenkintown, Pa 19046  
*Make checks payable to: "Abington Township"*

<b>Parent - First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>E-Mail:</b>
<b>City:</b>	<b>State: Zip:</b>
<b>Phone (H):</b>	<b>Phone (Cell):</b>
<b>Emergency Contact:</b>	<b>Phone:</b>

Participant Name		Date of Birth					
First	Last	Mo	Day	Year	Program Name	Day/Time	Activity Fee

Special needs or requested accommodations (e.g., allergies, other medical restrictions, requires inclusion services, etc): \_\_\_\_\_

\*WAIVER AND RELEASE: If one of the above programs is a sports program, I certify that I, the undersigned, or the parent or legal guardian of the participant, do certify that the participant is in good health and is able to participate in such a program. I 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. Now, therefore, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of my participation therein, I do hereby, for myself, my heirs, executors, administrators, and assigns, forever remise, release, and discharge Abington Township, their successors and assigns, directors, officers, members, agents, and other representatives, and their heirs, executors, administrators 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 may have or acquire against Abington Township or their directors, officers, members, agents and other representatives, by reason of any loss resulting from personal injury or damage to baggage or any other personal property belonging to me which may occur during or by reason of my participation in said program. I hereby grant Abington Township and any of their directors, officers, members, agents and other representative's full authority to take whatever action they consider to be warranted regarding my health and safety, and I fully release Abington Township and any of their directors from any liability for such actions taken on by behalf.

**Effective October 1, 2001 a 20% service fee will be charged to all refund requests. Requests must be made at least five (5) business days before a program, 30 days before a trip is scheduled to begin.**

**\*NOTE:** Registrants in any program assume full responsibility for any risk, implicit or direct by participation in said activity. Confirmations will not be sent out unless otherwise noted.

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

<b>Form of Payment</b>	
(For Office Use Only)	
_____ Cash	Total Fee _____
_____ Check	Date _____
CC# _____	
Exp: _____	CV# _____