

**Lower Gwynedd Township Parks & Recreation Department**  
**Program Registration Form**

DO NOT use this for the **Lower Gwynedd Summer Camp Program**,  
Registration Forms can be downloaded off the Township Website,  
[www.lowergwynedd.org](http://www.lowergwynedd.org)

Participant's Name: \_\_\_\_\_ Age (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian's Name / Relationship (for youth under 18): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email : \_\_\_\_\_

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

Specials Needs or Allergies: \_\_\_\_\_

Program Title: \_\_\_\_\_

Check one:

Lower Gwynedd Township Resident

I am a Non-Resident

**Cost:** \_\_\_\_\_ Please make checks payable to **Lower Gwynedd Township**

Registrations can be mailed to or dropped off: Lower Gwynedd Township      Phone: 215-646-5302  
P.O. Box 625  
1130 N. Bethlehem Pike  
Spring House Pa 19477-0625  
Attn: Parks & Recreation Dept.

**Participant's Waiver & Release**

The UNDERSIGNED PARTICIPANT and/or his parent or legal guardian, in consideration of the Township of Lower Gwynedd, through their Park & Recreation Board, providing facilities, instruction, and supervision in the activity for which he has registered does hereby:

1. Assume all risks and responsibilities of possible damage or injury through participation in said activity. I understand I am to furnish my own health insurance in case of injury.
2. Request permission to participate in the activity with full knowledge that said activity could result damage or injury to me.
3. Agree to furnish a certified birth certificate or proof of birth of the above names upon request by the Township of Lower Gwynedd or the activity's instructor.
4. Agree to indemnify and hold harmless the Township and their departments and agents against liability for personal injury or property damage resulting from my participation in said activity.
5. Acknowledge that programs held through the Township of Lower Gwynedd may be filled or cancelled without prior notification.
6. Agree that once the classes have begun, no refunds are provided for participants.
7. Agree to allow Lower Gwynedd Township to use any photos taken at the activity for future Township publications.

**Parents (or Legal Guardian's) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only: Date Received: \_\_\_/\_\_\_/\_\_\_ Received By: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Check Number: # \_\_\_\_\_ Receipt Number: # \_\_\_\_\_ Received \_\_\_ Walk-In \_\_\_ Mail \_\_\_ Other