



CLASS OR TRIP REGISTRATION

Please complete the form in its entirety, all fields required.

Participant Name: _____ DOB: _____ Male/Female/Undisclosed (circle one)

Address: _____ Apt #: _____

City: _____ Zip: _____ Email: _____

Cell Phone: _____ Alternate Phone: _____

Name of parent or guardian (if minor): _____

Emergency Contact Name	Phone Number	Relationship

If you are a non-resident, please add an additional \$5 per course/activity.

Participants	DOB	Activity	R/NR	Fee
Self	N/A			\$
				\$
				\$
				\$
				\$
				\$
				\$

Wavier of Liability: I, the above named candidate for participation in the above named activity, hereby, waive any claim for bodily injury or property damage against the Springettsbury Township Recreation Department, its agents, servants and/or employees while a participant in the above named activity.

Refund Policy: No cash refunds. Refunds will be by Township check and will be paid in accordance with the Finance Department's regular payment schedule (up to 4 weeks). Full refunds will be issued for classes canceled by the Township. Full refunds will only be issued for requests received prior to the start of a class. No refund will be granted after the start of a class except in the case of injury or illness. Written documentation from a physician will be required. Refunds for trips will only be issued if you find a replacement or if the trip is canceled by the Township. Please check with us because we may have a waiting list.

Registration form and payment can be mailed to: Springettsbury Township Parks & Recreation, 1501 Mt Zion Rd, York, PA 17402. Checks should be made payable to Springettsbury Township; credit cards are accepted with a service fee.

X _____ Date: _____ Total Due: \$ _____
Participant/Guardian Signature Required

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date	Check#	Cash	Receipt#	Initials