# **REGISTRATION FORM - LOWER MERION PARKS & RECREATION**

Type of Activity:		Fee:				
Location:		Sessi	on:	Time:		
Participant's Name:						
Age: DOB:		Home Te	elephone:			
Address:						
City:				State:	Zip:	
Emergency Contact & Phone Nu	mber:					
Medical Conditions/Allergies/Medical	dications:					
Physician's Name & Phone Num	ber:					
I, the undersigned parent/child participal officers, agents, employees, sponsors, injury to any person or thing in connect suit against any of the above named or any damages or injuries to any person permit the video recording and or photo Township of Lower Merion.	organizers, ion with the and my own be or thing that	and all leaders above activity. half or on behal occurred in cor	assigned by th Furthermore, I f of my son or nnection with th	nem, from all lia hereby agree daughter (nam ne above activi	ability for any damage to refrain from bringin ned above) as a result ty. I also hereby agre	e and ng t of
Print Parent's Name						
Parent's Email						
Adult Participant's or Parent's Si	gnature	DOB	Date	Cel	I/Day Time Teleph	 none
The above registration form applies Please mail to: Department of Parks register in person Monday through	s & Recrea	tion, 75 E. Lar				
Please make cl	necks paya	ble to: Treasu	rer, Township	o of Lower Me	erion	

# **GENERAL INFORMATION**

## **Special Accommodations**

Special accommodations can be provided by contacting the Department at least two weeks prior to the beginning of the program.

### Cancellations

The Township reserves the right to cancel any programs, scheduled times, location and/or activities due to insufficient registration or weather conditions.

### Refund

Refunds will be given only if the reason for the request meets an established set of standards, which can be obtained from the Department of Parks & Recreation. Processing fees may apply.

Refund Policy can be found at www.lowermerionrec.com.