

Register on-line or return this form and check, payable to **Treasurer, Lower Merion Township**, by mail, or in person Monday - Friday 8:15am – 4:30pm, to Lower Merion Parks and Recreation Dept, 75 East Lancaster Avenue, Ardmore, PA 19003. Use one form per participant per class.

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

Name of Activity:	Fee:		
Location:	Session/Time:		
Participant's Name:			
Age/DOB:/ Home	e Telephone:		
Address:			
City:			
Emergency Contact & Phone Number:			
Medical Conditions/Allergies/Medications:			
Physician's Name & Phone Number:	the Township of Low d by them, from all lia y. Furthermore, I her behalf or on behalf of on or thing that occurr and or photographing on.	ver Merion, its o ability for any da eby agree to re my son or daug red in connection g of this activity	fficers, agents, amage and injury frain from ghter (named on with the above for the purposes
Adult Participant's or Parent's Signature DOB	// Today's Date	Cell/Day Ti	me Telephone
The above registration form applies to all programs, except			
GENERAL INFORMATION			
Department of Parks & Recreation Phone 610 - 645 - 6220. 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.	Registration Information Program registration is limited to residents of Lower Merion until two (2) weeks prior to the start of the program, when it shall then be open to non-residents. Refunds 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. All refunds will be assessed an administrative fee.		