

PROGRAM REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER PARTICIPANT.

PARTICIPANTS LAST NAME	FIRST	MI
ADDRESS	CITY	STATE ZIP
EMAIL	PHONE	ALTERNATE PHONE
SCHOOL	GRADE	GENDER
HEALTH PROBLEMS, ALLERGIES, ETC.	DATE OF BIRTH	AGE
PHYSICIAN NAME	PHONE	
PARENT'S NAME (if minor child)	RESIDENT OF MIDDLETOWN (CIRCLE ONE)	YES NO
EMERGENCY CONTACT	PHONE	

RELEASE OF LIABILITY

ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM.

Please check with your doctor before registering in any fitness or exercise program.

I, the parent or guardian of the above minor, or myself, submit that my child/I, is/am able to participate in the above activity and waive Middletown Township, its staff, and affiliates of any responsibility of injury or illness.

_____ _____
SIGNATURE DATE

PROGRAM NAME	SESSIONS	FEE
1.		
2.		
3.		
4.		
	TOTAL	

RETURN THIS COMPLETED FORM WITH PAYMENT TO: MIDDLETOWN TOWNSHIP - 3 MUNICIPAL WAY - LANGHORNE PA 19047

Please direct any questions or comments to Middletown Township Parks & Recreation - 215.750.3890

Additional forms can be obtained at the Township Building or downloaded from our website at www.middletowntwpbucks.org; click on Parks and Recreation. Photos may be taken at any or all Middletown Township Activities and used for promotion of future events. If you do not want your child/children's picture published, please notify the Middletown Parks and Recreation Department.

CREDIT CARD BILLING INFORMATION

NAME: <i>(As it appears on credit card)</i>	PHONE NUMBER:	
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
TYPE OF CREDIT CARD:		
<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER :	EXP. DATE	V CODE <i>3 digit code on back of card</i>