



WHITEMARSH TOWNSHIP  
PARKS & RECREATION  
4021 JOSHUA ROAD  
LAFAYETTE HILL PA 19444

# PROGRAM REGISTRATION FORM

Participants must live in the same household to be on the same form.  
We cannot process incomplete forms.

**A**

PARTICIPANT FIRST NAME \_\_\_\_\_ PARTICIPANT LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

PROGRAM NAME	REGISTRATION #	DATE OR SESSION #	COST

HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: \_\_\_\_\_

**B**

PARTICIPANT FIRST NAME \_\_\_\_\_ PARTICIPANT LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

PROGRAM NAME	REGISTRATION #	DATE OR SESSION #	COST

HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: \_\_\_\_\_

**C**

PARTICIPANT FIRST NAME \_\_\_\_\_ PARTICIPANT LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_

PROGRAM NAME	REGISTRATION #	DATE OR SESSION #	COST

HEALTH PROBLEMS/ALLERGIES/LEARNING DISABILITIES: \_\_\_\_\_

**1**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ FAMILY EMAIL ADDRESS \_\_\_\_\_ (THIS WILL BE USED FOR ALL CHILDREN IN THE FAMILY)

PLEASE CHECK HERE IF YOUR INFO HAS CHANGED

**2**

MOTHER/GUARDIAN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**3**

EMERGENCY CONTACT 1 \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

EMERGENCY CONTACT 2 \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATION \_\_\_\_\_

**4** YOUTH TEE SHIRT SIZE— PLEASE INDICATE WHICH SIZE FOR PEE WEE SOCCER & 9 WEEK CAMPS **XS** **S** **M** **L** **XL**

**5** PAYMENT INFO: CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

