



**Form must be filled out completely or it will be returned.  
Participants must live in the same household to be on the same form. We cannot process incomplete forms.**

<b>A</b>	Participant's Name _____ Birth Date _____ Male _____ Female _____		
	<b>PROGRAM NAME</b>	<b>REGISTRATION #</b>	<b>DATE/SESSION #</b>

<b>B</b>	Participant's Name _____ Birth Date _____ Male _____ Female _____		
	<b>PROGRAM NAME</b>	<b>REGISTRATION #</b>	<b>DATE/SESSION #</b>

<b>C</b>	Participant's Name _____ Birth Date _____ Male _____ Female _____		
	<b>PROGRAM NAME</b>	<b>REGISTRATION #</b>	<b>DATE/SESSION #</b>

<b>1</b>	Address _____ City _____ State _____ Zip _____		
	Home Phone _____ Cell Phone _____ Email _____		
	Health Problems/ Allergies/ Learning Disabilities _____		
	Emergency Contact _____ Phone _____ Relation _____		

<b>2</b>	Mother/Guardian _____ Cell Phone _____ E-Mail _____		
	Father/Guardian _____ Cell Phone _____ E-Mail _____		

<b>3</b>	CREDIT CARD # _____ EXP _____ VISA _____ MC _____ CASH _____ CHECK _____ # _____		
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<b>4</b>	Doctor's Office _____ Doctor's Name _____ Phone _____		
	Insurance Plan _____ Group/Plan # _____		

I understand that there is a risk of personal injury in the above recreation activity. In signing this release, I assume all risk and hazards incidental to the activity and for transportation to and from the activity. I do further release, absolve, indemnify, and hold harmless the Township of Whitemarsh, the Department of Parks and Recreation, organizations, sponsors, and any coaches, or instructors appointed by them, from any and all liability by reason of any damage or injury to my person or property in connection with their participation. I agree that I am subject to the rules and regulations of the specific activity and/or league and to any rules of the Whitemarsh Township Recreation Department. I do further grant permission to any licensed physician to perform or provide medical care or aide for any injury that occurs during this activity.

\_\_\_\_\_  
Parent/Guardian/Participant Signature

\_\_\_\_\_  
Date