REGISTRATION FORM

WHITEHALL TOWNSHIP RECREATION BUREAU

Directions: All registration forms must be filled out completely and signed by either the parent/guardian of the minor participant or the individual adult participant registering for the program. Whitehall Recreation does not confirm class registrations. You may include a self-addressed stamped envelope if you would like confirmation of your registration. We will make every attempt to notify you if a class is cancelled or changed, or if your registration is received after a class is filled. Whitehall Township Recreation reserves the right to cancel any program if enrollment is insufficient and does not meet the required minimum. In such instances, refunds will be issued in full in 6 to 8 weeks.

Refunds: Because the decision to maintain classes is based on the enrollment at the first class, no refunds are guaranteed after the first session. *Participants assume the risk of changes in personal affairs or health*. If you withdraw before an activity begins, a refund will be issued within 6 to 8 weeks.

Cancellations: In case of inclement weather and the Whitehall-Coplay School District is closed or will be closing early, there will be no recreation programs. Every effort will be made to make up classes. Should there be a question, you may call the Recreation Office at 610-437-5524, ext. 160.

Notice to Participants: Participants must recognize that all classes/programs/trips are planned with your safety in mind. Every effort is made to insure your safety and to provide you with first class recreational activities. The Township is dedicated to providing safe facilities, equipment and programs, as well as qualified staff. Participants assume all risks involved with the participation in any class/program/trip.

WAIVER OF LIABILITY

Neither Whitehall Township nor Whitehall-Coplay School District is responsible for any injuries sustained as a result of participation in any Bureau sponsored activity or while using Township and/or Whitehall-Coplay School District facilities. It is recommended that anyone enrolled in a class/program/trip or using Township/School District facilities make provisions for adequate coverage within their own insurance plan. ***Please check with your doctor before enrolling in any class/program/trip which requires walking, fitness, etc.***

WHITEHALL TOWNSHIP RECREATION BUREAU PROGRAM REGISTRATION **FEE:** _____

Fill out one form for each person and program. Please feel free to copy form if more are required. Acceptance of mail-in registration is based upon availability. No receipt will be sent unless a self addressed stamped envelope is enclosed.

PROGRAM NAME: _____ CIRCLE SEASON: Spring Fall Summer Winter

PROGRAM START DATE: _____ PROGRAM START TIME: _____ PROGRAM LOCATION: _____

PARTICIPANT'S NAME: _____ BIRTHDATE: _____ AGE: _____

ADDRESS: _____ HOME PHONE: _____
(Street) (City) (Zip)

E-MAIL ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT PERSON: _____ EMERGENCY PHONE: _____

IF MINOR, PLEASE PRINT NAME OF PARENT(S)/GUARDIAN(S): _____

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN: _____

Please make checks payable to "Whitehall Township" and mail to:
Whitehall Recreation Bureau, 3219 MacArthur Road, Whitehall, PA 18052

THE FOLLOWING "WAIVER OF LIABILITY" **MUST** BE SIGNED IN ORDER TO PARTICIPATE:

In consideration of your acceptance of my child's or my children's enrollment in the Program, I, for myself and my child or children, and our heirs, administrator and executors, voluntarily and knowingly waive, release, indemnify and hold Whitehall Township, Whitehall Recreation Bureau and the Whitehall-Coplay School District, their officials, employees, successors and assigns harmless from any and all injuries, damages, costs, suits, causes of action, claims and demands I, my child, or my children now have or may hereafter have against Whitehall Township, Whitehall Recreation Bureau and the Whitehall-Coplay School District, their officials, employees, successors and assigns, arising from, relating to or in connection with any and all known and unknown, foreseen and unforeseen injuries or losses suffered by myself or suffered by my child or my children, related to my or my child's or children's' participation in the Program.

BY: _____