

**Nether Providence Township  
214 Sykes Lane  
Wallingford, PA 19086  
Phone: 610-566-4516 Fax: 610-892-2890**

**REGISTRATION FORM FOR SUMMER CAMP 2019**  
**\*\*\*\*\*ONE REGISTRATION FORM PER CHILD\*\*\*\*\***

Resident? (Yes or No)

Payment method: \_\_\_\_\_ Check #: \_\_\_\_\_ Payment date: \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

**Parent or a guardian over 18 years old:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(Note: For use by parks and recreation department only. Email addresses will not be shared.)

**Emergency contact (in addition to above):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_

<u>Participant's name</u> <u>One application form per child</u>	<u>M/F</u>	<u>Date of birth</u>	<u>Grade (entering in Sept)</u>

**\*Note:** No accommodations will be made for requests of campers to be grouped with other campers.

**Camp Shirt Size**

YS            YM            YL            AS            AM

Special needs, requested accommodations, allergies, other considerations:

**Cancellation and refund policy:**

Nether Providence Township reserves the right to cancel any program, trip or activity due to insufficient participants, inclement weather or for any other reasonable cause. Should such a cancellation occur, a refund of fees will be provided. Participants who have registered for the camp but can no longer attend should notify the Township as soon as possible. Cancellations before May 15<sup>th</sup> will be issued a full refund less a \$50 cancellation fee. Cancellations after May 15<sup>th</sup> but before June 14<sup>th</sup> will receive a 50% refund. No refunds will be given after June 14<sup>th</sup>.

All participants (or their legal guardians if participant is under age 18) must also review and sign the attached liability waiver and release.

**Nondiscrimination Policy**

The Nether Providence Township Summer Camp does not discriminate against any participants on the basis of race, national origin, ethnicity, citizenship, gender, age, creed, sexual orientation, ancestry, disability, or any other characteristic protected by law. Any complaints of discrimination may be filed with the U.S. Dept of Health and Human Services' Office of Civil Rights, DPW Bureau of Equal Opportunity, and/or the PA Human Relations Commission. Reasonable accommodations will be provided for campers with disabilities.

**Nether Providence Township – Park and Recreation Program Participant  
Liability Waiver and Release**

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by Nether Providence Township (the "Township"), where the Township provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use Township facilities and/or participate in Township-sponsored activities/programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents, volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township-sponsored activities and programs.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Township. I understand that no health and/or accident insurance is provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. I hereby give the Township's staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

I grant the Township the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND THE TOWNSHIP, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

**CHILD PICK-UP AUTHORIZATION**

I, \_\_\_\_\_, authorize Nether Providence Township Summer Camp to release  
(Parent/Legal Guardian's Name)  
\_\_\_\_\_ to the person(s) designated.

**Designated Custodian (s) Name & Relationship**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Participant Name (Print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If Participant is under age 18  
Parent/Guardian's Name (Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_