



Registration Form

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For lower Bucks programs and bus tours, mail, fax*, or drop off to:
 M. Dubresson, Bucks Co. Parks & Recreation
 901 E. Bridgetown Pike, Langhorne, PA 19047
 Tel: 215-757-0571 ext. 3311
 Fax*: 215-752-1421 (with MC/Visa info)

For Nature Center and Moravian Pottery & Tile Works programs, contact these facilities directly. See p. 11-18 on how to contact them.

For Upper Bucks Programs, mail or fax* only (no drop-ins) to:
 Bucks County Parks and Recreation
 Recreation Supervisor 152 E. Swamp Rd
 Doylestown, PA 18901 Tel: 215-348-6625
 Fax*: 215-345-6402 (with MC/Visa info)

Adult Name _____
 Address _____
 City/Town _____ State _____ Zip _____
 Tel. (Day) _____ (Eve) _____ (cell) _____
 E-Mail Address _____
 Emergency Contact _____ Relationship _____ Tel _____
 For Tennis Leagues: Rating _____ Member No., if applicable: _____

ALL INFORMATION MUST BE COMPLETED

List all Participants-First & Last Name (maximum 2 names per box)	Youth Only: Birth Date	Full Program/Event Name (See program/event description).	Course No.	Date & Time	Fee
Registration form <u>MUST</u> include waiver <u>signature(s)</u> below to be valid				Total Fee:	

Since I, my son/daughter are participating in this program voluntarily and at my own/son's/daughter's risk, I agree not to sue or hold liable the County of Bucks, the Department of Parks and Recreation or any of its representatives, and/or individual instructors responsible for any injury or damages to me/my son/daughter resulting from participation in this/these programs. The Bucks County Department of Parks and Recreation and its representatives have my permission to arrange transportation to a licensed physician or medical facility. I grant my permission for a licensed physician to provide any medical care or treatment this physician deems necessary to myself/son/or daughter.

Participants understand that photos may be taken during events/camps/sessions/courses and may be used in future support of programs.

Signature of all Adult Participant(s)/Parent or Guardian of Child :

Print: _____

Relationship: _____ **Date:** _____

Indicate the amount & method of your payment:

Cash Amt _____ Check Amt _____ # _____

Check made out to Bucks County Parks

VISA/MASTERCARD (circle one) Amt _____

Card # _____

Exp. Date _____

Signature _____

Print Cardholder's Name:

Below for Office Use Only:

Staff Initials _____ **Date processed** _____

**** Registration not valid without signatures(s) on this waiver****