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Upper Moreland Township Parks and Recreation Registration Form

TODAY'S DATE _____

PROGRAM (S) _____

1st PARTICIPANT'S NAME _____ **D.O.B.** ____/____/____

2nd PARTICIPANT'S NAME _____ **D.O.B.** ____/____/____

ADDRESS _____ **HOME PHONE** _____

_____ **EMAIL** _____

OTHER INFO. _____

MEDICAL HISTORY: Does the participant have any allergies or medical conditions? No Yes

If yes, please explain _____

If Participant is a minor:

Medical Doctor _____ **Phone #** _____

Mother's Name _____ **Father's Name** _____

Mother's Cell/Pager _____ **Father's Cell/Pager** _____

1st Participant TSHIRT SIZE _____ **2nd Participant TSHIRT SIZE** _____ (not all programs offer tshirts)

Amount Enclosed: \$ _____ **Check #** _____ (made payable to "UM Township") **Cash** _____

PARTICIPANT'S WAIVER and RELEASE

I, the undersigned, or the parent or legal guardian of the participant listed below do certify that the participant is in good health and is able and willing to participate in said program. In consideration, I/we hereby assume all risk of hazards associated with participation of the above-identified participant and the program and agree to hold harmless the Township of Upper Moreland, the Upper Moreland School District, employees, organizers, and supervisors from any and all claims for personal injury or property damages arising out of participation in this program whether the result of negligence or any other cause.

I agree that Upper Moreland Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the participant's registration for failure to maintain these standards or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.

I hereby grant Upper Moreland Township and any of their appointee's full authority to take whatever action they deem warranted regarding the participant's health and safety, and I fully release them from any liability for such actions taken.

I hereby give my permission for any and all medical attention necessary to be administered to the participant in the event of an accident, injury, sickness, etc. This attention is to be given under direction of representatives of Upper Moreland Township until such time as I may be contacted. I further authorize representatives of Upper Moreland Township in my absence to authorize immediate first aid to the above participant and emergency transport to the appropriate medical care facility.

I understand that no health, and /or accident insurance is provided for participants and I also hereby assume the responsibility for payment of any such treatment and release Upper Moreland Township and the Upper Moreland School District and all their officers, appointees, representatives, and employees from any and all liability or claims arising out of any injury, accident or sickness.

Participant's Signature _____ **Date** _____

(parent/guardian if participant is under 18)

Home address, if different from Participant's _____

To register, fully complete this form, detach and mail with payment to *UMPR 117 Park Ave. Willow Grove, PA 19090*
Participants in Upper Moreland Recreation programs may be photographed for future advertisements.