

Registration Form

Part 1 · Family Information (please print clearly)

Family Last Name _____ Township Resident Non-Resident
 Address _____ City _____ State _____ Zip _____
 Work Phone _____ Cell Phone _____ Email Address _____
 Emergency Contact _____ Relationship _____
 Phone _____ Cell Phone _____ Other _____

Part 2 · Program Selection

Participants Name	Sex	Birthdate	Program	Activity Code				Age	Fee
	<input type="radio"/> M <input type="radio"/> F								\$
	<input type="radio"/> M <input type="radio"/> F								\$
	<input type="radio"/> M <input type="radio"/> F								\$
	<input type="radio"/> M <input type="radio"/> F								\$
Restrictions/Allergies/Medications								Total Fees = \$	_____

Part 3 · Release Form

Persons other than a parent or legal guardian permitted to pick up children must be authorized in writing by the parent or legal guardian and submitted to the program supervisor. For their protection, children will not be released to anyone not on file with the township.

I hereby give the above named participants permission to participate in the above named recreation program(s) sponsored by Doylestown Township. In consideration of participation in the above named recreation program/s, I/we, do hereby agree to hold harmless and indemnify the Township of Doylestown, its employees, agents, and volunteers against any claims for and on account of any and all injuries sustained as a result of participation in the above named program/s. In addition, I grant my permission to have emergency medical personnel and/or physician treat and/or transport.

Signature of Participant or Guardian (if under age 18) _____ Date _____

Part 4 · Payment

Total Payment \$ _____ Payment method: Check Cash Money Order Credit Card (complete following section)

Doylestown Township now offers the convenience of accepting credit cards either in-person, by mail, or over the telephone by calling 215-348-9915. If by mail, please fill out the following:

MasterCard® Discover® Credit Card Number: _____ Exp. Date ____/____/____

Billing Address: _____ Same as above

By signing below I agree to pay Doylestown Township for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for my town/city/state to accept payment via credit card. I further agree that such convenience fee shall billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to *2.45% (\$1.50 minimum) of the total amount being paid. Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.

cardholder signature _____ Date: _____