

Program Registration Form

PARTICIPANT'S NAME	M/F	AGE	DOB	PROGRAM NAME	Activity #

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Township Resident Non-Resident

Parent/Guardian Last Name (if different) _____ Emergency Contact _____

Relationship _____ Phone _____ Cell Phone _____

Restrictions/Allergies/Medications _____

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 _____

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