



PARKS & RECREATION
CHESTNUTHILL TOWNSHIP

Program Registration Form

Participant's Information:

First Name: _____ Last Name: _____
 Mailing Address: _____ City _____ St. _____ Zip _____
 Phone: Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____ Emergency () _____ - _____
 Date of Birth: ___/___/___ Age _____ (Circle one) M / F E-Mail: _____

Chestnuthill Parks & Recreation is authorized to share this information with the following Family/Friends:

Emergency Contact (relationship to participant): _____
 Note any Medical conditions, allergies or special needs (45 day advance notice required) that we should be aware of in relation to the program in which you or your child is registering:

Program Name	Class-Level	Time	Day(s)	Start Date	Location	Fee

(PLEASE - One child per form)

Checks payable to: **Chestnuthill Township**
 Mail to: P O Box 243, Brodheadsville, PA 18322
 Questions? 570-992-7247 M-F 8am-4pm

Hold Harmless Agreement

- I hereby give my permission for my SON(s)/DAUGHTER(s)/SELF, to participate in the class/program on the registration form.
- I recognize, understand, and acknowledge that, as in all activities, there is always the inherent risk of injury up to and including death.
- I recognize, understand, and acknowledge that, any and all rules, policies, guidelines and safety procedures are established for the protection of all participants and agree that my SON(s)/DAUGHTER(s)/SELF, will be expected to comply with ALL rules, policies, guidelines and safety procedures.
- I recognize, understand, and acknowledge that, my SON(s)/DAUGHTER(s)/SELF, will obey and abide by and with ALL rules, policies, guidelines and safety procedures, and obey and comply with directives from all, assistant staff counselors, counselors, supervisors and Chestnuthill Township Administration.
- I certify, to the best of my knowledge, that the current physical condition/health of my SON(s)/DAUGHTER(s)/SELF, is satisfactory for participation, that the listed participant is free of any health related problems which would jeopardize participation in the mentioned class/program, that I will notify the staff immediately should the mentioned condition change at any time during participation in the class/program, and that, upon request, I will furnish proof of a current physical examination.
- I recognize that failure to comply with the mentioned items could result in immediate suspension and/or dismissal from the program.
- The Staff and/or sponsors have my permission to have a Physician and/or Emergency Medical Service (EMS) treat and/or transport my SON(s)/DAUGHTER(s)/SELF, if needed, at any time during participation in the class/program(s).
- In consideration of participation by my SON(s)/DAUGHTER(s)/SELF in the class/program(s) listed on the registration form, I, the undersigned, do hereby agree to hold harmless and indemnify Chestnuthill Township, its agents, servants and employees against any claims for and on account of any and all injuries sustained by my SON(s)/DAUGHTER(s)/SELF as a result of participation in the mentioned class/program, including, but not limited to, claims on the account of any negligence by Chestnuthill Township, its agents, servants, employees or subcontractors.
- The staff and/or sponsors have my permission to photograph my SON(s)/DAUGHTER(s)/SELF. I understand that said photographs may be used in future promotional flyers, brochures, web pages or press releases.
- Chestnuthill Township has a ZERO tolerance policy with regards to the use of tobacco products, alcohol based products/beverages, weapons (including pocket knives), and vulgar language.

(over)

REGISTRATION POLICY

1. Payment:

Payments made by credit card, **MUST** be made in person in our office. A receipt will be issued at that time for the amount paid. Payment made in the form of a check or money order may be dropped off at the office or mailed into the office. **A \$25.00 fee will be assessed to all "Non-Sufficient Fund"/Returned checks.** Checks payable to: Chestnuthill Township

2. Registration:

All classes/programs require participants to register prior to the start date. Submission of registration must be accompanied by payment and received prior to the start date by this office, unless otherwise stated within the class/program announcement. Class/Program locations, days, dates, and times are subject to change when necessary. **Class/Programs are cancelled if a sufficient enrollment is not obtained.**

3. Refund Policy:

All refunds will be in the form of a check and take two (2) to three (3) weeks to process. **NO** refunds will be issued for missing a one (1) or two (2) day class/programs. Full refunds will be issued if requested before the second day of a program. 50% refund will be issued if requested before the third day of a program. A \$7.50 per person administrative charge will be deducted from ALL refunds. Costs of any materials that were consumed by the participant will also be deducted from the refund, when applicable. **NO** refunds will be issued after the third day for any reason (medical excuses may be considered on a case by case basis). It is the participants' responsibility to request a refund prior to the third day of a program. **NO** refund will be issued if dismissal from a class/program for behavioral issue. The request for a refund must be in written letter form and delivered to this office. We will not transfer payment from one class/program to another.

4. Cancellations:

Chestnuthill Township reserves the right to cancel or postpone any class/program for the lack of participation. Programs may be cancelled at any time or date due to inclement weather, school closings, or any unforeseen reason. Class/Program locations, days, dates, and times are subject to change when necessary. Cancellations will be announced on our website and our Facebook page.

5. Class Policy:

When you are accepted into a program, you cannot have your name on a waiting list for the same program at a different time/location.

6. Program Dismissal:

Chestnuthill Township reserves the right to dismiss participants from a program for behavioral and/or conduct by a participant that is deemed inappropriate by the staff, councilors or administration. **NO** refund will be issued for this type of dismissal.

I have read and understand the "Hold Harmless Agreement & Registration Policies" hereby agree to the above and legally bound by its terms. I am 18 years or older and the responsible person for the registrant.

Print name: _____

Date: _____

Signature: _____