PROGRAM REGISTRATION FORM PLEASE COMPLETE ONE FORM PER PARTICIPANT. LAST NAME PARTICIPATANT'S FIRST NAME DATE OF BIRTH PHONE ALTERNATE PHONE ADDRESS CITY 7IP SCHOOL GRADE PARENT'S NAME EMAIL **HEALTH PROBLEMS GENDER** (CIRCLE ONE) F М PHYSICIAN'S NAME PHYSICIAN'S PHONE NUMBER **EMERGENCY CONTACT** RESIDENT OF MIDDLETOWN (CIRCLE ONE) RELEASE OF LIABILITY · ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM. Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor, or myself, submit that my child/I, is/am able to participate in the activity below and waive Middletown Township, its staff, and affiliates of any responsibility of injury or illness. **SIGNATURE** DATE **PROGRAM NAME SESSIONS** FEE 1. 2. 3. ALL 8 Wk3 7/3 Wk4 7/10 Wk5 7/17 Wk6 7/24 Wk7 7/31 Wk8 8/7 Wk 1 6/19 Wk 2 6/26 **RETURN THIS COMPLETED FORM WITH PAYMENT TO:** MIDDLETOWN TOWNSHIP - 3 MUNICIPAL WAY - LANGHORNE PA 19047 Please direct any questions or comments to Middletown Township Parks & Recreation - 215.750.3890 Additional forms can be obtained at the Township Building or downloaded from our website at www.middletownbucks.org; click on Parks and Recreation. Photos may be taken at any or all Middletown Townhip activities and used for promotion of future events. If you do not want your child's/children's picture published, please notify the Middletown Parks and Recreation Department. **CREDIT CARD BILLING INFORMATION** NAME: (As it appears on credit card) PHONE NUMBER: **BILLING ADDRESS:** CITY: STATE: ZIP: TYPE OF CREDIT CARD: VISA DISCOVER MASTER CARD CARD NUMBER: **EXPIRATION DATE:** V CODE (3 digit number on back)