

# PROGRAM REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER PARTICIPANT.

PARTICIPANT'S FIRST NAME	MI	LAST NAME
DATE OF BIRTH	PHONE	ALTERNATE PHONE
ADDRESS	CITY	ZIP
SCHOOL	GRADE	
PARENT'S NAME	EMAIL	
HEALTH PROBLEMS	GENDER (CIRCLE ONE)    M    F	
PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER	
EMERGENCY CONTACT	RESIDENT OF MIDDLETOWN (CIRCLE ONE)    YES    NO	

**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    Wk 1 6/17    Wk 2 6/24    Wk 3 7/1    Wk 4 7/8    Wk 5 7/15    Wk 6 7/22    Wk 7 7/29    Wk 8 8/5**

**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](http://www.middletownbucks.org); click on Parks and Recreation. Photos may be taken at any or all Middletown Township 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: <i>(As it appears on credit card)</i>	PHONE NUMBER:	
BILLING ADDRESS:		
CITY:	STATE:	ZIP:
TYPE OF CREDIT CARD: <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER		
CARD NUMBER:	EXPIRATION DATE:	V CODE <i>(3 digit number on back)</i>