



# Registration Form

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**For lower Bucks programs and bus tours, mail, fax\*, or drop off to:**  
 M. Dubresson, Bucks Co. Parks & Recreation  
 901 E. Bridgetown Pike, Langhorne, PA 19047  
 Tel: 215-757-0571 ext. 3311  
 Fax\*: 215-752-1421 (with MC/Visa info)

For Nature Center and Moravian Pottery & Tile Works programs, contact these facilities directly. See p. 11-18 on how to contact them.

**For Upper Bucks Programs, mail or fax\* only (no drop-ins) to:**  
 Jill Unger, Bucks County Parks and Recreation  
 152 Swamp Rd, Doylestown, PA 18901  
 Tel: 215-348-6625  
 Fax\*: 215-345-6402 (with MC/Visa info)

Adult Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Tel. (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Tel \_\_\_\_\_  
 For Tennis Leagues: Rating \_\_\_\_\_ Member No., if applicable: \_\_\_\_\_ E-mail \_\_\_\_\_

**A L L I N F O R M A T I O N M U S T B E C O M P L E T E D .**

List all Participants-First & Last Name	Youth Only: Birth Date	Full Program/Event Name (See program/event description).	Course No.	Date & Time	Fee
<b>**Registration form <u>MUST</u> include waiver <u>signature(s)</u> below to be valid**</b>				<b>Total Fee:</b>	

Since I, my son/daughter are participating in this program voluntarily and at my own/son's/daughter's risk, I agree not to sue or hold liable the County of Bucks, the Department of Parks and Recreation or any of its representatives, and/or individual instructors responsible for any injury or damages to me/my son/daughter resulting from participation in this/these programs. The Bucks County Department of Parks and Recreation and its representatives have my permission to arrange transportation to a licensed physician or medical facility. I grant my permission for a licensed physician to provide any medical care or treatment this physician deems necessary to myself/son/or daughter.

Participants understand that photos may be taken during events/camps/sessions/courses and may be used in future support of programs.

**Signature of all Adult Participant(s)/Parent or Guardian of Child :**

**Print:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Indicate the amount & method of your payment:**

Cash Amt \_\_\_\_\_ Check Amt \_\_\_\_\_ # \_\_\_\_\_

Check made out to Bucks County Parks

VISA/MASTERCARD (circle one) Amt \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Cardholder's Name:

\_\_\_\_\_

**Below for Office Use Only:**

**Staff Initials** \_\_\_\_\_ **Date processed** \_\_\_\_\_

**\*\* Registration not valid without signatures(s) on this waiver\*\***