

# Bethel Park Recreation and Leisure Services

## ACTIVITY REGISTRATION FORM

Separate form REQUIRED for EACH participant. You may DUPLICATE this form.

(PARTICIPANT)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ BP Resident? Yes / No

PHONE: home (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_

BIRTH DATE: m\_\_\_\_/d\_\_\_\_/y\_\_\_\_ Current Grade: \_\_\_\_\_ Male/Female (circle)

Email address: \_\_\_\_\_

Please include any special needs: \_\_\_\_\_

Shirt size (where applicable): \_\_\_\_\_

1. Activity Name \_\_\_\_\_ Code no. \_\_\_\_\_

Day \_\_\_\_\_ Start Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_ Fee Due \$ \_\_\_\_\_

2. Activity Name \_\_\_\_\_ Code no. \_\_\_\_\_

Day \_\_\_\_\_ Start Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_ Fee Due \$ \_\_\_\_\_

### PLEASE CONTINUE AND SIGN THE WAIVER BELOW:

Make check payable to: BETHEL PARK RECREATION Total amount enclosed \$ \_\_\_\_\_

Payment is from (print name) \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_

Mail or drop off to: Bethel Park Community Center, 5151 Park Avenue, Bethel Park, PA 15102

I, \_\_\_\_\_ (Parent/guardian or participant – print name), understand the rules, regulations, and risks associated with the activity for which I have registered myself, or have registered my child. By my signature, I agree to release and hold harmless and blameless the Municipality of Bethel Park, Bethel Park School District, and any employee thereof as to and regarding any liability, claims, damages, or loss whatsoever resulting from any accident or injury to me or my child or any damage to our personal property which I or those under my supervision or care might receive while participating in the above Recreation program(s).

I understand that Bethel Park Recreation provides opportunities for positive publicity by photographing and/or videotaping patrons at programs for use in local publications, newspapers, television, websites, and social media accounts. By signing this Activity Waiver, I grant the Municipality of Bethel Park and the Bethel Park School District permission to use my image, name, and likeness (collectively, "Image"), or the Image of my child, in this manner without any further compensation to me.

I understand that if I do not agree to the use of my Image or the Image of my child, I must notify Bethel Park Recreation in writing upon registration.

SIGNATURE: \_\_\_\_\_

(Participant, or parent/guardian, if participant is under 18 years of age)

Please call the Recreation Office at 412-831-1328 if you have any question regarding this registration.

**The Recreation Office does not contact participant to confirm registration unless there is a conflict, a change in day/date or class is full or cancelled.**

OFFICE USE ONLY — — — — —

Amount Due \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Staff \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Account # \_\_\_\_\_ Activity Code # \_\_\_\_\_ Date received \_\_\_\_\_ Time \_\_\_\_\_