

## Lower Southampton Program Registration Form

Last Name	First Name <small>(ONE PERSON PER FORM)</small>	MI
Address	City	State Zip Code
Email	Phone	Alternate Phone
School	Grade	Gender
Health problems, allergies, etc.	Date of Birth	Age
Physician's Name	Phone Number	
Parent Name (if minor child)	Resident of Lower Southampton Township: YES NO (Circle One)	
Emergency Contact	Phone Number	

**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 above activity and waive Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Program Title (ONE PROGRAM PER FORM)	Session /Dates	Fee
<b>Total Amount Paid</b>		

**Make all checks payable to "Lower Southampton Township"**

**Return this completed form and payment to: Lower Southampton Township: 1500 Desire Avenue, Feasterville, PA 19053.** Please direct any questions to Lower Southampton Township Parks and Recreation department 215-357-7300 x316 or x340. Additional forms can be obtained at the township building or our website at [www.lowersouthamptontownship.org](http://www.lowersouthamptontownship.org). Photos may be taken at any or all Lower Southampton activities and used for promotion of future events. If you do not want your picture and/or your child's picture taken or published, please send a letter and/or e-mail addressing this concern to [Administration@LSTWP.org](mailto:Administration@LSTWP.org). **NO REFUNDS ARE GIVEN FOR ANY PROGRAM.**

### Credit Card Billing Information

Name (as it appears on card)	Phone Number	
Billing Address		
City	State	Zip
Type of Card Used: (Circle One)    Visa    Master Card		
Account Number _____	Expiration Date ____/____	Security Code ____