

Registration Form

Last Name	First Name	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: (Circle One) YES NO		
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	Session /Dates	Fee
1.		
2.		
3.		
	Total	

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. 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 to Lower Southampton Township addressing this concern. E-mail: Administration@LSTWP.org

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	