



# 2015 Registration Form

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**For 2015 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/Discover)

For 2015 Nature Center and Moravian Pottery & Tile Works programs, contact these facilities directly. See p. 12-18 on how to contact them.

**For 2015 Upper Bucks Programs, mail or fax\* only to:**  
 Bucks County Parks and Recreation  
 Recreation Supervisor 152 E. Swamp Rd  
 Doylestown, PA 18901 Tel: 215-348-6630  
 Fax\*: 215-345-6402 (with MC/Visa/Discover info)

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

**ALL INFORMATION MUST BE COMPLETED**

**NO REFUNDS**

List all Participants First & Last Name	Age (for youth only)	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/publications.

**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/MC/Discover (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\*\***