

Registration

The Manheim Township Recreation Department will use every precaution to prevent accidents, however, it will not be responsible for medical, dental or hospital expenses incurred due to accidents during its programs.

I understand and agree to the above and request that I or my child be allowed to participate in the following program. I agree that neither the Manheim Township Recreation Department, instructors nor the Manheim Township School District shall be held responsible for any injury to me or my child during the program or while going to or from any session.

I also permit Manheim Township Parks & Recreation Department to use any photographs or videotape of me or my child(ren) for promotional purposes.

Check One:

- Manheim Twp. Resident (R)
- Manheim Twp. Sr. Cit. (SR)
- Non-Resident (NR)

Program Title _____ Program & Session No. _____

Participant Name _____ Birth Date _____ Gender: M F Grade ___ School _____

Address _____ Zip _____ If Child: Parent's Signature _____

Check Here if New Address E-Mail Address _____

Home Phone No. _____ Daytime Contact Name _____ Phone No. _____

Emergency Contact Name _____ Phone No. _____ Medical Restrictions _____

Make checks payable to: **Manheim Twp. Recreation Department** Program Fee \$ _____

Walk in, Mail or **Fax No. 393-4221—CREDIT CARDS ONLY!** to: Stauffer Mansion, 1241 Lititz Pike, Lancaster, PA 17601-4396 .



Signature _____ Card Holder Name (please print) _____

VISA/MasterCard # _____ Exp. Date _____

FOR OFFICE USE: Date Rec'd. _____ Rec'd. By _____ Mail / Walk-In / Fax Check / Cash / Charge \$ _____

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