

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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