

**Tredyffrin Township
Presents
Philadelphia Ultimate Camp**



For: Children ages 10-16

Date: July 15 - 19, 2019

Time: 9:00am - noon

Location: Wilson Farm Park, PECO Field

Fee: \$110.00

Registration Information: Applications are currently being accepted

- *A minimum of 12 participants is required for the camp*

Complete and return to: Hilliary Mallory: Tredyffrin Township Building 1100 Duportail Road Berwyn, PA 19312
Make check payable to Tredyffrin Township

Participant Information

Last Name: _____ **First Name:** _____ **Date of Birth** _____ **Male** ___ **Female** ___

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Grade as of Sept. 2019:** _____ **School:** _____ **E-mail** _____

Are you a UPA member? YES ___ NO ___ If Yes, please print UPA ID # _____

Parent/Guardian: _____ Phone: Home _____ Work _____ Cell _____

Parent/Guardian: _____ Phone: Home _____ Work _____ Cell _____

In case of Emergency please contact: Name _____ Number _____

Medical Information

Family Doctor: _____ Phone number: _____

Medical Problems/Allergies/Medications/Special Needs: _____

Allergy to specific foods _____ Allergy to bee stings _____

Health Insurance Co. _____ Policy Holder _____

Policy # _____ Group # _____

Liability Waiver – Park & Recreation Participant

The undersigned participant and/or their guardian, in consideration for Tredyffrin Township through its Recreation Programs providing facilities, instructions, transportation and supervision in the activity for which the participant has registered does hereby:

1. Request permission to participate in the activity with the full knowledge that said activity could result in personal injury to me or damage to my personal property.
2. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
3. Agree to indemnify and hold harmless the Township and its department and agents for personal injury or property damage to other parties resulting from my participation or the participation of minors in my custody while engaged in said activity.
4. I agree that Township shall have the right to enforce activity rules and terminate participation by anyone failing to comply with said rules.
5. I will furnish a certified certificate of birth or proof of birth of the above names upon request by the Recreation Director (program description will indicate if the proof of birth is required at the time of registration).

- 6. Waive the right to dispute all proper charges once the participant has registered and/or participated in the parks and recreation program, trip or special event which the registration form was received.
- 7. Agree to reimburse Township for any and all fees incurred for wrongfully disputing a credit charge.

Signature of Parent/Legal Guardian of Minor Participant (min. age 18):

Date _____

Photo/Video Release

I hereby give my permission for images of my child, captured during Ultimate Camp activities through video, photo, or digital camera, to be used solely for the purposes of Tredyffrin Township Recreation promotional materials, publications, and team photo galleries, and waive any rights of compensation or ownership thereto.

Player's Name (Printed) _____

Parent/Guardian's Name (Printed) _____

Parent/Guardian Signature _____ **Date:** _____