



REGISTRATION FORM

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For lower Bucks programs and bus tours, mail, fax*, or drop off to:
 M. Dubresson, Bucks Cty Parks & Recreation
 901 E. Bridgetown Pike, Langhorne, PA 19047
 Tel: 215-757-0571
 Fax*: 215-752-1421 (with MC/Visa info)

For Nature Center and Moravian Pottery & Tile Works programs, contact these facilities directly.
See p. 11-18 on how to contact them.

For upper Bucks Programs, mail or fax* only (no drop-ins) to:
 Jill Unger, Bucks County Parks and Recreation
 510 Creek Rd, New Britain, PA 18901
 no "drop-bys" Tel: 215-489-5132
 Fax*: 215-230-7829 (with MC/Visa info)

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

A L L I N F O R M A T I O N M U S T B E C O M P L E T E D .

List all Participants-First & Last Name	Youth Only: Birth Date	Full Program/Event Name (See program/event description).	Session No.	Date & Time	Fee
Bus tour pick up: Langhorne ____ Doylestown ____ Frosty Hollow (US Open only)			Total Fee:		

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.

Signature of all Adult Participant(s)/Parent or Guardian of Child :

Print: _____

Relationship: _____

Indicate the amount & method of your payment:

Cash Amt _____ Check Amt _____ # _____

VISA/MASTERCARD (circle one) Amt _____

Card # _____

Exp. Date _____

Signature _____

Print Cardholder's Name:

Below for Office Use Only:

Staff Initials _____ Date processed _____