



# LIL' SHAMROCKS REGISTRATION – SUMMER 2010

**Registration form must be filled out COMPLETELY and SIGNED in order to be processed.**

| Child's Name (please print) | M/F | Age | Birth date<br>MM /DD /YY | Grade as of<br>9/1/2010 | LT Resident<br>Y/N |
|-----------------------------|-----|-----|--------------------------|-------------------------|--------------------|
|                             |     |     |                          |                         |                    |

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H) \_\_\_\_\_ Parent Cell # (DAD) \_\_\_\_\_ # (MOM) \_\_\_\_\_

Parent Names \_\_\_\_\_ / \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Allergies/Medical Conditions which we should be aware \_\_\_\_\_

T-shirt Size (circle):    YS    YM    YL    AS    (if you do not circle a size, you will receive a YM shirt)

**HOLD HARMLESS AGREEMENT**

Any participant and/or guardian do hereby agree to the following:

1. To 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. Understand and request permission to participate in the above activity with the full knowledge that the said activity could result in damage or injury to participant.
2. Agree to indemnify and hold harmless the Township of Limerick, its departments and agents from liability for personal injury or property damage resulting from my participation in said activity.
3. Will furnish a certified birth certificate or proof of birth of the above names upon request by the Department of Parks & Recreation (program description will indicate if the proof of birth is required at time of registration).
4. Waive the right to dispute all proper charges once he/she/they have registered and/or participated in the LTP&R program for which this registration form is received and will abide by cancellation and refund policies as stated in the separately printed Summer Shamrock Camp brochure.
5. Agree to allow Limerick Township to use any photos taken at an activity for future township publications.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(Signature confirms that participant has read and agrees to Limerick P&R Hold Harmless Agreement. (Parent or guardian sign for participant under 18)*

## 2010 LIL' SHAMROCK PRICES & DATES ~ 9:00 am – 12 noon ~ Veterans Park Pavilion

Full payments are required at the time of registration. Checks made payable to "Limerick Township."

| Camp Dates                            | Regular Rate<br><i>(Begins Fri. 5/28 at 4:01pm)</i> | NEW! Lunch Bunch Group<br>12 noon – 1:30 pm |
|---------------------------------------|---|---|
| Full Camp 6 weeks<br>6/28/10 – 8/6/10 | <b>\$385.00</b>                                     | <b>\$95.00</b>                              |
| Individual Camp Week                  | <b>\$70.00</b>                                      | <b>\$20.00</b>                              |

**Please put a check next to the weeks you are registering for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Full Camp (6 weeks) @ \$385.00     | <input type="checkbox"/> Lunch Bunch @ \$95.00 |
| <input type="checkbox"/> Week 1: 6/28-7/2 @ \$70.00         | <input type="checkbox"/> Lunch Bunch @ \$20.00 |
| <input type="checkbox"/> Week 2: 7/6-7/9 (no 7/5) @ \$65.00 | <input type="checkbox"/> Lunch Bunch @ \$15.00 |
| <input type="checkbox"/> Week 3: 7/12-7/16 @ \$70.00        | <input type="checkbox"/> Lunch Bunch @ \$20.00 |
| <input type="checkbox"/> Week 4: 7/19-7/23 @ \$70.00        | <input type="checkbox"/> Lunch Bunch @ \$20.00 |
| <input type="checkbox"/> Week 5: 7/26-7/30 @ \$70.00        | <input type="checkbox"/> Lunch Bunch @ \$20.00 |
| <input type="checkbox"/> Week 6: 8/2-8/6 @ \$70.00          | <input type="checkbox"/> Lunch Bunch @ \$20.00 |

Camp Total: \$ \_\_\_\_\_  
 Additional sibling -10% discount \$ \_\_\_\_\_  
 Lunch Bunch Total: \$ \_\_\_\_\_  
**TOTAL PAYMENT:** \$ \_\_\_\_\_

**Price Break:** 1<sup>st</sup> child – full camp rate  
 10% discount for each additional sibling

**FOR LTP&R OFFICE USE ONLY:**

PAYMENT METHOD:  
 Cash     Check # \_\_\_\_\_  
 Payee Name \_\_\_\_\_  
 Date \_\_\_\_\_ Initials \_\_\_\_\_  
 Computer Registration: \_\_\_\_\_