SA

Limerick Township Parks & Recreation Department
646 West Ridge Pike Limerick, PA 19468
610-495-6432 www.limerickpa.org

SHAMROCK ADVENTURES 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 MM /DD /YY	Grade as of 9/1/2010	LT Resident 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): S M L XL (if you do not circle a size, you will receive a M 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 SHAMROCK ADVENTURES PRICES & DATES ~~ 9:00 am – 4:00 pm ~~~ Limerick Elementary School

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

Camp Dates	Early Bird Discount *(Ends Fri. 5/28 at 4pm)*	Regular Rate *(Begins Fri. 5/28 at 4:01pm)*	Extended Care Option 8:00-9:00 am & 4:00-5:00 pm
Full Camp 6 weeks 6/28/10 – 8/6/10	**$590.00**	**$690.00**	**$125.00**
Individual Camp Week	**$115.00**	**$140.00**	**$35.00**

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

___ Full Camp (6 weeks) @ $590.00 ____ Extended Care @ $125.00

___ Week 1: 6/28-7/2 @ $115.00 ____ Extended Care @ $35.00
___ Week 2: 7/6-7/9 (no 7/5) @ $105.00 ____ Extended Care @ $30.00
___ Week 3: 7/12-7/16 @ $115.00 ____ Extended Care @ $35.00
___ Week 4: 7/19-7/23 @ $115.00 ____ Extended Care @ $35.00
___ Week 5: 7/26-7/30 @ $115.00 ____ Extended Care @ $35.00
___ Week 6: 8/2-8/6 @ $115.00 ____ Extended Care @ $35.00

Camp Total: $_____
Additional sibling -10% discount $_____
Extended Care Total: $_____

TOTAL PAYMENT: **$**_____

Price Break: 1st 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: _____