



Peters Township Park & Recreation Registration Form

Parks and Recreation Office, 700 Meredith Drive, Venetia, PA 15367,
Phone 724-942-5000

www.peterstownship.com



Community Recreation Center Hours: Monday – Friday 8:30am to 9:00pm, Saturday 9:00am to 5:00pm, Sunday 1:00pm to 5:00pm

Name _____
Address _____ (Street) (City) (Zip-Code)
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____

Participant	Age	Birth Date	Program Name	CRC Member Yes/No	Session	Fee	Total Per Program
Please make checks payable to Peters Township Mail to: Peters Township Parks and Recreation Department 610 East McMurray Road, McMurray, PA 15317						Total	

By signing, I hereby for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against Peters Township, The Peters Township Park and Recreation Department, the area schools, and their respective agents, representatives, or employees for any and all injuries that might be suffered by my child while in this program.

I further acknowledge that Peters Township may wish to utilize photographs of its activities in which I or my children may be depicted for its promotional purposes and I hereby consent to the same on behalf of myself and my minor children.

In case of emergency, it is our procedure to call 911. If necessary, they dispatch an ambulance to respond to the emergency. Parents/guardians are immediately notified as soon as is practicable (usually prior to emergency assistance). I understand that the program provides no medical coverage for participants.

Full refunds will be given if requested more than 7 days before a class begins. All refunds requested by participants less than 7 days before a class begins will be assessed a \$5 processing fee plus the cost of any materials and supplies already purchased or ordered for the program. No refunds will be issued after the second class of the session. There are no refunds for special one-day classes or events. The Park and Recreation Department reserves the right to cancel, combine or change any aspect of a program it deems necessary. Please allow 2 – 4 weeks for refunds to be processed.

No confirmations will be sent for programs/classes, assume you are registered unless otherwise notified.

Participant/Parent _____ Date _____

Does participant need any special accommodations or modifications?

Yes No If yes please describe _____

For Office Use Only	
Cash	\$ _____
Check	\$ _____ # _____
Credit Card	_____
Employee	Initials _____
Date	_____
Receipt #	_____