



# SUMMER SCHOLAR KIDZONE REGISTRATION SUMMER 2018

**Registration form must be filled out completely and signed in order to be processed.**

**Please mark your site choice:**

**JARRETTOWN**

**MAPLE GLEN**

**PLEASE PRINT CLEARLY** - \*EMAIL ADDRESSES ARE REQUIRED -PROGRAM UPDATES AND INFORMATION WILL BE SENT VIA EMAIL

Child's Name (please print)	M/F	Age	Birth date MM/DD/YY	Grade as of 9/2018	UD Resident Y/N	Swim Y/N

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1) Parent/ Guardian \_\_\_\_\_ DOB \_\_\_\_\_ E-mail\* \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

2) Parent/ Guardian \_\_\_\_\_ DOB \_\_\_\_\_ E-mail\* \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Phone(s) \_\_\_\_\_ Allergies/Medical Conditions \_\_\_\_\_

**T-shirt Size: YM YL AS AM AL AXL**

Dates	Check Full Week	PRICE 12p-5:30p - M-TH 8:30a-5:30p - Fr	Check Ext. Day	EXTENDED DAY
JUNE 25-JULY 27		\$500		N/A

Dates	Check Full Week	Early Bird Discount (Ends Fr 5/25 at 5p)	Regular Rate (Begins Fr 5/25 at 5:01p)	Select ½ AM/PM	Early Bird Disc ½ AM/PM	Regular Rate ½ AM/PM	Check Ext. Day	Extended Day (3:00p-5:30p)	Check Swim	Swim
JULY 30-AUG 3		\$110R/\$130NR	\$130R/\$150NR		\$60R/\$70NR	\$80R/\$90NR		\$50R/\$55NR		\$15
KidZone PLUS AUG 6-AUG 10		\$135R/\$155NR	\$155R/\$175NR	LOCATION: Upper Dublin Township Building				\$50R/\$55NR	N/A	N/A

**Your child will be bussed from UDHS - 800 Loch Alsh Ave, Fort Washington, PA to your selected KidZone site and then bussed at 3p to extended day at the Upper Dublin Township Building - 801 Loch Alsh Ave, Fort Washington, PA** **TOTAL: \_\_\_\_\_**

**Payment Options:** (Check one)  cash  check  Visa  MasterCard  Discover

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ VIN # \_\_\_\_\_ Date of Birth (Required) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card (please print) \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

THE UNDERSIGNED PARTICIPANT and/or his guardian, in consideration for the Township of Upper Dublin through its Department of Parks & Recreation providing facilities, instruction, transportation and supervision in the activity for which he has registered does hereby:

1. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity and will furnish personal insurance in case of injury.
2. Request permission to participate in the activity with the full knowledge that said activity could result in damage or injury to the participant.
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. Agree to indemnify and hold harmless the Township and its department and agents for personal injury or property damage resulting from participation in said activity.
5. Waive the right to dispute all proper charges once he/she/they have registered and/or participated in the UDP&R program, trip, special event for which this registration form is received.
6. Agree to reimburse Upper Dublin Township for any and all fees incurred for wrongfully disputing a credit charge.
7. Agree to allow Upper Dublin Township to use any photos taken at an activity for future township publications.
8. Will abide by cancellation and refund policies as stated in the separately printed Summer KidZone brochure.

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_