



## X-ZONE REGISTRATION FORM – SUMMER 2018

**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>9/18 | UD Resident<br>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 \_\_\_\_\_

How will your child arrive to camp? Walk Bike Drop-off Other \_\_\_\_\_

**\*EMAIL ADDRESSES ARE REQUIRED – PROGRAM UPDATES AND INFORMATION WILL BE SENT VIA EMAIL**

**Early Bird Discount (February 26 to May 25 at 5p)  
Regular Rate (begins May 25 at 5:01p)**

**Please check next to the weeks you plan to attend:**

| Dates                            | Early Bird Discount<br>(Ends Fr 5/25 at 5p) | Regular Rate<br>(Begins Fr 5/25 at 5:01p) |
|----------------------------------|---|---|
| JUNE 25 – JUNE 29**              | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| JULY 2 – JULY 6**<br>(no We 7/4) | \$140 R / \$160 NR                          | \$160 R / \$180 NR                        |
| JULY 9 – JULY 13**               | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| JULY 16 – JULY 20**              | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| JULY 23 – JULY 27**              | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| JULY 30 – AUG 3**                | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| AUG 6 – AUG 10**                 | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |
| AUG 13 – AUG 17**                | \$150 R / \$170 NR                          | \$170 R / \$190 NR                        |

| SUPER SUMMER ADVENTURES  |           |                            |              |
|--|-----------|----------------------------|--------------|
| Please select any additional "full-day" trips you will be attending: |           |                            |              |
|  | JUNE 28   | Hershey Park               | \$66R/\$71NR |
|  | JULY 5    | Camelbeach                 | \$60R/\$65NR |
|  | JULY 12   | Dorney Park                | \$56R/\$61NR |
|  | JULY 19   | RoundTop Mnt Adventure     | \$63R/\$68NR |
|  | JULY 26   | Hurricane Harbor           | \$61R/\$66NR |
|  | AUGUST 2  | Renaissance Faire          | \$40R/\$45NR |
|  | AUGUST 9  | Diggerland                 | \$48R/\$53NR |
|  | AUGUST 16 | Montage Mountain Adventure | \$63R/\$68NR |

**\*\*Price DOES NOT include the cost of SSA**

|  |                                       |
|--|---------------------------------------|
| <p><b>Payment Options:</b> (Check one) <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover</p> <p>Exp. Date _____ - _____</p> <p>VIN # _____ Date of Birth (Required) ____/____/____</p> <p>Name on card (please print) _____</p> | <p><b>Total Payment:</b> \$ _____</p> |
|--|---------------------------------------|

**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 X-Zone brochure.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent and/or guardian)