

**Bath Township Parks & Recreation
How Full is Your Bucket?
Registration Form**



Recipient's Name _____ **Address** _____

Zip Code _____ Phone _____ Email _____

Are you a Bath Township resident or a School of Choice student at Bath Community Schools? _____

Bucket Filler's Name _____ **Address** _____

Zip Code _____ Phone _____ Email _____

Are you a Bath Township resident or a School of Choice student at Bath Community Schools? _____

If School of Choice family, who is your child's teacher and grade of student? _____

Both the Bucket Filler and Recipient must be Bath Township residents to be eligible. (Note: School of Choice immediately families are considered residents.)

Date of Experience _____

To participate, you must read and sign below.

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for me or my child to be photographed/videotaped while participating in any activity offered by Bath Township Parks & Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Twp. Parks & Recreation for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above-named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes, documents and use.

Parent/Guardian/Adult Signature (circle one) Date

Parent/Guardian/Adult Signature (circle one) Date