

**Bath Township Recreation In-partnership with Bath Township Public Library
Spring Break Celebration**

Registration Deadline March 21 (Only 20 Spots Available Per Session)

Participant's Name: _____ Grade: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian(s) Name(s): _____

Parent/Guardian(s) Phone(s): _____

Parent/Guardian(s) Email: _____

Circle which days your child will attend: March 31 April 1 April 2 April 3 April 4

****Any child under the age of 10 years old must be accompanied by an adult.***

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

To participate, you must read and sign the following:

Release of Liability

In case of serious injury or illness, I hereby request that authorized personnel transport myself/child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity, and understand the possibility of injury as a result of said activity.

In consideration of participation in this activity the undersigned intends to be legally bound for themselves and their heirs, executors and administrators, and waive and release any and all claims and causes of action for any injuries and damages they may have against Bath Charter Township, its officials, representatives, volunteers, successors and assigns for any and all injuries or damages suffered in the connection with this program.

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 Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Township 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, and use.

Parent/Guardian Signature

Date

Name of Family Doctor

Phone