

## Lower Southampton Program Registration Form

Last Name	First Name	MI	
Address	City	State	Zip Code
Email	Phone	Alternate Phone	
School	Grade	Gender	
Health problems, allergies, etc.	Date of Birth	Age	
Physician's Name	Phone Number		
Parent Name (if minor child)	Resident of Lower Southampton Township: (Circle One) YES NO		
Emergency Contact	Phone Number		

**ALL PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM.** Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor or myself, submit that my child/I, is/am able to participate in the above activity and waive Lower Southampton Township, its staff and affiliates of any responsibility of injury or illness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Program Title	Session /Dates	Fee
	<b>Total Amount Paid</b>	

**Return this completed form and payment to: Lower Southampton Township: 1500 Desire Avenue, Feasterville, PA 19053.** Please direct any questions to Lower Southampton Township Parks and Recreation department 215-357-7300 x316 or x340. Additional forms can be obtained at the township building or our website at [www.lowersouthamptontownship.org](http://www.lowersouthamptontownship.org). Photos or video may be taken at any or all Lower Southampton activities and used for promotion of future events. If you do not want your picture and/or your child's picture taken or published, please send a letter and/or e-mail addressing this concern to [Administration@LSTWP.org](mailto:Administration@LSTWP.org). Please note that **NO REFUNDS ARE GIVEN FOR ANY PROGRAM.**

### Credit Card Billing Information

Name (as it appears on card)	Phone Number		
Billing Address			
City	State	Zip	
Type of Card Used: (Circle One)	Visa	Master Card	

## EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION / SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF FIRST AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

# LOWER SOUTHAMPTON TOWNSHIP

## Summer Camp Discipline Contract

**Please read over this entire contract with your child and sign**

The purpose of this camp is to enjoy the outdoors, to have fun, to enjoy friendships and also to have a chance to build skills in sports. Each person attending this camp is required to make a commitment to the following statements by signing this contract. Please place your initials next to each statement to show you acknowledge them:

- I agree to respect all other persons attending camp by treating them with kindness and patience, putting the needs of others before my own. I will show respect through both my words and actions toward others. I will also show respect for all personal property of others.
  
- I agree to follow directions of all camp staff and volunteers.
  
- I agree to attend all events on time, to participate in all activities sponsored by the camp, and to stay at the activity area.
  
- I agree to follow all camp rules:
  - Personal CD players, radios, toys, handheld video games, trading cards, etc are not allowed, but, if they are brought in, they are the child's own responsibility.
  - Cursing or inappropriate slang will not be tolerated
  - Behavior contrary to our zero tolerance policy for fighting, racism, name-calling, gossip, and similar activities is not allowed
  - Possession of any kind of weapon is grounds for immediate dismissal from camp
  - Possession or use of any illegal substances or alcohol is prohibited
  - Stealing of any items owned by the township, staff members, or other campers will not be tolerated and is grounds for immediate dismissal from camp

I understand that if I do not follow the statements of this contract the staff or volunteers will take disciplinary measures as stated in this contract.

I understand that I will face **immediate expulsion** from camp for any harmful, physical contact to others as Lower Southampton Township camps have a zero tolerance policy for all harmful, physical contact. **Behavior that risks the safety of self or of others and bullying are just causes for immediate dismissal from camp**

As a parent or guardian, I agree to partner with Lower Southampton Township camps in the discipline of my child. I agree to uphold and support the disciplinary code.

---

Signature of Parent or Guardian

---

Name of Camper (please print)

As a Lower Southampton Township summer camper, I agree to follow the camper contract and understand the consequences if I do not.

---

Signature of Camper

Disciplinary Steps (written records are kept by the camp director(s))

1. Warning from counselor or staff: counselor addresses behavior and suggests more appropriate means of expression for that child; a written warning will go home to be returned signed
2. Placed in time out: camper is removed from current activity for a short period of time not to exceed 10 minutes; a note will go home to be signed without which the camper may not return
3. Visit from camp director(s): camper and parent/guardian meet with camp director to discuss his/her difficulties
4. Camper dismissed for the remainder of the day: site director calls parent/guardian to pick up camper early; parental support of essential for any child's success at camp
5. Dismissal from summer camp program: if camper persists in inappropriate or disruptive behaviors, thus negatively affecting other campers, the camper is dismissed from camp for the remainder of the summer without refund

**Please initial next to each of the following points.**

I agree and understand that no refunds will be issued for any reason.

I agree that my child is allowed to participate in all activities of Lower Southampton summer recreation camps program, including, but not limited to, visiting the skate park (where available), swimming (where available), going on field trips, and riding buses provided for those field trips.

I have read and understand all the conditions of the skate park waiver.

Lower Southampton Township and its agents reserve the right to take photos at any or all activities, which may then be used for promotion of future events. If you do not wish your picture and/or your child(ren)'s photo taken, please send a certified letter to the Secretary of the Township Manager, 1500 Desire Avenue, Feasterville, PA 19053.

I understand and agree that upon completion of registration and authorization of payment that I will not be entitled to a refund from the Township or chargeback from my credit card company.

I agree to all terms and conditions of the above.

---

SIGNATURE OF PARENT or GUARDIAN

---

DATE

---

PRINTED NAME OF PARENT or GUARDIAN

---

Last Name, First Name of Skater (PRINT)

**Lower Southampton Township**  
**Liability Release and Permission For for Minor Skate Park Users**

All participants and parents of minors must sign this liability release and permission form and submit the executed form to the Township representatives before they can use Lower Southampton Township's Skate Park.

I, the parent/guardian of the undersigned participant, grant my permission for him/her to use the skate park, and both of us understand and assume all of the risks of his/her participation.

We, the undersigned, certify that the participant is in good health and able to participate in such activity and we hereby acknowledge that participation in this activity involves a risk of bodily injury, including, but not limited to, fractures, head and neck injuries, and the possibility of permanent disability, and/or death.

We understand that no health and/or accident insurance is provided for this activity, and I, the undersigned parent of guardian of the participant, accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.

NOW THEREFORE, in consideration of the foregoing, and in consideration of the mutual relationship of others participating in said program, and of the undersigned's participation therein, we do hereby, for ourselves, our heirs, executors, administrators, and assigns forever remise, release, and discharge Lower Southampton Township, its successors and assigns, directors, officers, employees, agents, and representatives, and their heirs, executors, administrators, and assigns from any and all manner of action, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which we or our legal representative may have or may acquire against Lower Southampton Township or its directors, officers, employees, agents or other representatives, by reason of any loss resulting from personal injury to me or damage to any other personal property belonging to us, which may occur during or by reason of the undersigned's participation in this activity.

We agree that Lower Southampton Township shall have the right at its discretion to enforce established rules of conduct and/or terminate the undersigned participant's participation in the activity for failure to follow these rules of conduct, or for action or conduct detrimental to or incompatible with the welfare, comfort, harmony, or interest of the activity as a whole.

We hereby grant Lower Southampton Township and any of its directors, officers, members, agents, and other representatives full authority to take whatever action they consider to be warranted regarding undersigned participant's health and safety, and we fully release all of them from any liability for such actions taken on our behalf.

We have signed this waiver and release on the \_\_\_\_\_ day of \_\_\_\_\_, 2012.

Signature of Participant: \_\_\_\_\_  
Signature of Participant's Parent/Guardian: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

Emergency Contact/Phone Number:

---