



# MONTGOMERY TOWNSHIP RECREATION OFFICE

## KIDS UNIVERSITY REGISTRATION FORM

**Cash or Check made payable to "Montgomery Township".** Send form & payment to Montgomery Township Community & Recreation Center, 1030 Horsham Road, Montgomeryville, PA 18936, 267-649-7200. Online registration is available with a credit card at [www.montcrc.com](http://www.montcrc.com). **Credit card payments cannot be accepted via phone, fax or email. Same fees cash, check or credit card. All registrations and full payments will be accepted through May 30, 2019 unless we reach capacity before that date. Registration will be limited for the safety of participants.**

### PARTICIPANT INFORMATION

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male  Female

T-Shirt Size: Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  Adult X-Large

Address: \_\_\_\_\_  
Street City State Zip Municipality

Montgomery Township Resident  Non-Resident

Home Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (other than the parents): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) to Whom Child May be Released (other than the parents):

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### HEALTH INFORMATION

Medication (Doctor prescribed): \_\_\_\_\_ Last Tetanus: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

Additional Information about your child: \_\_\_\_\_

### WAIVER & RELEASE

**I, THE PARENT/GUARDIAN:** \_\_\_\_\_ grant permission for the applicant to participate in all planned activities. I hold harmless the staff of Montgomery Township for all liability for any injury which may occur to my child during or resulting from participating in the program. Montgomery Township is not responsible for lost, stolen or damaged personal articles.

1. If the program described above involves a sports program, I certify that I, the undersigned, parent or legal guardian of said participant listed above do certify that the participant is in good health and is able to participate in said program.
2. I, the undersigned, parent or legal guardian, understand that no health, and/or accident insurance is provided for participants and I accept full responsibility for obtaining the same or for payment of all expenses in the absence of such insurance.
3. I, the undersigned, parent or legal guardian, understand that Montgomery Township shall have the right at their discretion to enforce established rules of conduct and/or terminate individual's participation for failure to maintain these standards, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the group and its program as a whole.
4. I, the undersigned, parent or legal guardian, hereby grants Montgomery Township and any of their directors, members, agents and other representatives full authority to take whatever action they consider to be warranted regarding said participants health and safety, and fully release all of them from any liability for such actions taken on participant's behalf.
5. I, the undersigned, parent or legal guardian, will furnish a certified birth certificate or proof of birth of the said participant upon request by Montgomery Township.
6. I, the undersigned, parent or legal guardian understand and agree that once said program has begun, no refunds are provided for said participants; unless, program is cancelled by Township or organization sponsoring program.
7. I, the undersigned, parent or legal guardian, allow Montgomery Township to use any photos, slides or videos taken at an activity for future Township Publications.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receipt Number (Township Use)

# Please Check Applicable Kids University Selection(s) June 17 – August 9

## Rates for Registrations Received BY APRIL 30

	Regular Hours 9:00 am – 4:00 pm		Extra Hours 8:00 am – 6:00 pm	
	Residents	Non-Residents	Residents	Non-Residents
Week 1: June 17 – June 21	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 2: June 24 – June 28	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 3: July 1 – July 3*	<input type="checkbox"/> \$96	<input type="checkbox"/> \$105	<input type="checkbox"/> \$108	<input type="checkbox"/> \$117
Week 4: July 8 – July 12	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 5: July 15 – July 19	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 6: July 22 – July 26	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 7: July 29 – August 2	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195
Week 8: August 5 – August 9	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$180	<input type="checkbox"/> \$195

\*Week 3 – CLOSED Thursday, July 4 AND Friday, July 5

## Rates for Registrations Received AFTER MAY 1

	Regular Hours 9:00 am – 4:00 pm		Extra Hours 8:00 am – 6:00 pm	
	Residents	Non-Residents	Residents	Non-Residents
Week 1: June 17 – June 21	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 2: June 24 – June 28	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 3: July 1 – July 3*	<input type="checkbox"/> \$105	<input type="checkbox"/> \$114	<input type="checkbox"/> \$117	<input type="checkbox"/> \$126
Week 4: July 8 – July 12	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 5: July 15 – July 19	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 6: July 22 – July 26	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 7: July 29 – August 2	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210
Week 8: August 5 – August 9	<input type="checkbox"/> \$175	<input type="checkbox"/> \$190	<input type="checkbox"/> \$195	<input type="checkbox"/> \$210

\*Week 3 – CLOSED Thursday, July 4 AND Friday, July 5

**\*\*Children may not attend camp without medical certification completed by Physician.\*\*  
You may be required to show proof of the child's birth certificate.**