## PLANT ROOTS. GROW FUTURES

## **REGISTRATION INFORMATION**

• Ways to Register: On-line, Mail-In or Walk-In. Office hours are: Monday - Friday: 8:00 am - 4:30 pm

100 Parklane Drive

- Classes are filled on a first come first served basis...register early.
- Pre-registration is required for all programs unless otherwise noted.
- Payment must accompany registration form. Cash, Check or Credit Cards are accepted. Please make checks payable to "Lower Providence Township". Visa and Mastercard accepted only. There is a 3% convenience fee applied to all credit card transactions.
- Insufficient Funds: A \$25 fee will be charged back to participant for each returned check.
- Registration forms and payment will not be accepted at the program location.

## **Cancellation & Refund Policy**

- Lower Providence P&R reserves the right to cancel any program, trip or activity due to insufficient registration. A full refund will be issued.
- Inclement weather may prompt cancellations. Not sure? Call Lower Providence P&R or check the Township website . Sessions are made up at another date if possible.
- Program Refund Policy: refunds are subject to a fee of 50% of the program cost and much be requested in writing at least 7 days prior to the start of a class or program.
- Trip Refund Policy: no refunds for "no shows" day of trip. Cancellation 30 days in advance in writing, will receive a refund minus \$10.00 administration fee as long as a seat replacement is found.
- There will be no refunds issued after the class or program has begun.

1.  2.  **BOLD HARMLESS AGREEMENT: I hereby give the above named participant permission to participate in the above named recreation program(s)/trip(s) by Lower Providence Township. In consideration of participation in the above named recreation program(s)/trip(s), I/we do hereby agree to hold harmly indemnify the Township of Lower Providence, its employees, agents and volunteers against any claims for and on account of any and all injuries sustain result of participation in the above named program(s)/trip(s). In addition, I understand and abide by the cancellation and refund policies of Lower Providence, as stated for program(s)/trip(s). I also waive the right to dispute all proper charges once he/she have participated in the program/trip for which a registration is received.	E DADI/C & DECDEATION DECDEATION DROCDAM/TRID DECICEDATION FORM
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Phone (H):	Date of Birth: Age:
Recreation Program/Trip Name  1. S  2. S  TOTAL PAYMENT DUE:  OLD HARMLESS AGREEMENT: I hereby give the above named participant permission to participate in the above named recreation program(s)/trip(s) y Lower Providence Township. In consideration of participation in the above named recreation program(s)/trip(s), I/we do hereby agree to hold harmledemify the Township of Lower Providence, its employees, agents and volunteers against any claims for and on account of any and all injuries sustain solut of participation in the above named recreation and refund policies of Lower Providence Township. In consideration of participation in the above named recreation program(s)/trip(s). I also waive the right to dispute all proper charges once he/she have participated in the program/trip for which a gistration is received.  Ignature of Participant or Guardian(if under age 18):  Signature confirms that participant has read and agrees to Lower Providence Township P&R Hold Harmless Agreement.  PAYMENT METHOD: [ ] Cash [ ] Check # [ ] Credit Card: MasterCard Visa  Credit Card # (16 digits): [ ] Credit Card: MasterCard Visa	City:State:Zip:
Recreation Program/Trip Name  Day/Dates  Time  1.  2.  3.  TOTAL PAYMENT DUE:  OLD HARMLESS AGREEMENT: I hereby give the above named participant permission to participate in the above named recreation program(s)/trip(s) y Lower Providence Township. In consideration of participation in the above named recreation program(s)/trip(s), I/we do hereby agree to hold harmleamnify the Township of Lower Providence, its employees, agents and volunteers against any claims for and on account of any and all injuries sustain issult of participation in the above named program(s)/trip(s). In addition, I understand and abide by the cancellation and refund policies of Lower Providence for program(s)/trip(s). I also waive the right to dispute all proper charges once he/she have participated in the program/trip for which a signistration is received.  Ignature of Participant or Guardian(If under age 18):  Date:  Signature confirms that participant has read and agrees to Lower Providence Township P&R Hold Harmless Agreement.  PAYMENT METHOD:  [] Cash [] Check # [] Credit Card: MasterCard Visa  Credit Card # (16 digits):	Self/Mom (CELL) Self/Dad (CELL)
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TOTAL PAYMENT DUE:  DLD HARMLESS AGREEMENT: I hereby give the above named participant permission to participate in the above named recreation program(s)/trip(s). Lower Providence Township. In consideration of participation in the above named recreation program(s)/trip(s), I/we do hereby agree to hold harmledemiffy the Township of Lower Providence, its employees, agents and volunteers against any claims for and on account of any and all injuries sustain sult of participation in the above named program(s)/trip(s). In addition, I understand and abide by the cancellation and refund policies of Lower Providers asstated for program(s)/trip(s). I also waive the right to dispute all proper charges once he/she have participated in the program/trip for which a gistration is received.  Ignature of Participant or Guardian(if under age 18):  Date:  Signature confirms that participant has read and agrees to Lower Providence Township P&R Hold Harmless Agreement.  PAYMENT METHOD:  [] Cash [] Check #	\$
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Exp. Date/ CVV2 #: Name (as listed on card):	
	CVV2 #: Name (as listed on card):
Signature: Date:	Date:

Eagleville, PA

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