



# SOUTH FAYETTE T O W N S H I P

A Community Growing Together

## Recreation Program Registration Form

Parks & Recreation Department  
Paula Simmons, Recreation Director  
psimmons@sftwp.com / 412-221-8700 x17  
www.SouthFayettePA.com/rec

### PARTICIPANT OR PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  Yes, email me news & alerts

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Participant Name	Birthdate	Grade	Age	Program Name & Session	Check if SF Resident	Fee
Method of payment:	Check <input type="checkbox"/> # _____ Cash <input type="checkbox"/> \$ _____				<b>TOTAL: \$</b> _____	

**REFUND POLICY:** No refunds are issued after the program start date. Any request for a full refund must occur at least 5 days prior to the program start date. Refunds requested fewer than 5 days before the program start date are charged a \$5 processing fee, which is taken from the registration fee. If class is cancelled due to low enrollment or for other reasons as determined by the township, a full refund is issued. Refunds are issued within 2 weeks of a request or township cancellation. Credit card payments are issued back to a credit card, minus processing fees. There are NO cash refunds. Cash payments are refunded by a check in the mail. South Fayette Recreation Credit is good for 1 year from date of issue.

**READ:** I, the undersigned participant, parent or guardian, hereby release and agree to indemnify and hold harmless South Fayette Township, its representatives and its agents from all claims or liability for damages and/or injuries incurred by me or my child in connection with programs, events or activities as described above. I further acknowledge I have independently reviewed and evaluated the risks and determined to participate in the program or allow my child to participate with full knowledge and acceptance of the risks. In case of an emergency, accident or illness, I give my permission for myself or my child to be treated by professional medical personnel and admitted to the hospital if necessary. I agree to be the party responsible for all medical expenses that are incurred on my behalf. I also hereby grant permission to be photographed for any publicity purpose without obligation or liability. And I acknowledge that typing or entering my name below constitutes my electronic signature and has the same force and effect as my handwritten signature.

Participant or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Make checks payable to South Fayette Township. Return completed form and check, by mail or in person, to:  
South Fayette Township / Recreation Director / 515 Millers Run Road / Morgan, PA 15064**

#### OFFICE USE ONLY

Registration Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_