



Falls Township Parks and Recreation Program Registration Form

This form, along with payment, must be submitted to the Parks and Recreation Office at least one week prior to the program start date in order to properly enroll in any activity, program, or bus trip. One registration form is due for each program you would like to enroll in. If you are enrolling multiple people, one form is required for each person.

Office Hours: Payment accepted in the Finance Department, located on the first floor, from 8:30 am to 4:30 pm, Monday thru Friday

After Hours Drop Box: located in Municipal Complex Parking lot. *DO NOT LEAVE CASH IN DROP BOX*

Mailing Address: 188 Lincoln Highway, Suite 100, Fairless Hills, PA 19030

Make Checks Payable: Falls Township

Participant Information

Participant Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

Falls Township Resident: Yes No

Program Name

Fee

Liability Release

I, the undersign, hereby release, absolve, indemnify and hold harmless Falls Township Officials, Falls Township Parks and Recreation Department, the Director of Parks and Recreation, his staff, leaders, and anyone appointed by them from all liability for any injury or damage sustained or caused as a result of participating in the Program and/or Activity listed above. Also, I do not know of any reason that my child, would not be able to participate in any activity provided by the Falls Township Parks and Recreation Department.

Signature participant or parent/ legal guardian

Date

For Official Use Only

Date Received: _____ Payment Type Received: _____ Amount \$ Received: _____