

**Tredyffrin Township  
presents  
Philadelphia Ultimate Camp**



**For:** Children ages 10-16

**Date:** July 18 - 22, 2016

**Time:** 9:00am - noon

**Location:** Wilson Farm Park, PECO Field

**Fee:** \$99.00

**Registration Information:** Applications are currently being accepted

- A minimum of 12 participants is required for the camp

Complete and return to: Hilliary Mallory: Tredyffrin Township Building 1100 Duportail Road Berwyn, PA 19312  
Make check payable to Tredyffrin Township

**Participant Information**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Grade as of Sept. 2016:** \_\_\_\_\_ **School:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Are you a UPA member? YES \_\_\_ NO \_\_\_ If Yes, please print UPA ID # \_\_\_\_\_

**Mother/Female Guardian:** \_\_\_\_\_ **Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Father/Male Guardian:** \_\_\_\_\_ **Phone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**In case of Emergency please contact: Name** \_\_\_\_\_ **Number** \_\_\_\_\_

**Medical Information**

**Family Doctor:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Medical Problems/Allergies/Medications/Special Needs:** \_\_\_\_\_

**Allergy to specific foods** \_\_\_\_\_ **Allergy to bee stings** \_\_\_\_\_

**Health Insurance Co.** \_\_\_\_\_ **Policy Holder** \_\_\_\_\_

**Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Liability Waiver – Park & Recreation Participant**

The undersigned participant and/or their guardian, in consideration for Tredyffrin Township through its Recreation Programs providing facilities, instructions, transportation and supervision in the activity for which the participant has registered does hereby:

1. Request permission to participate in the activity with the full knowledge that said activity could result in personal injury to me or damage to my personal property.
2. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
3. Agree to indemnify and hold harmless the Township and its department and agents for personal injury or property damage to other parties resulting from my participation or the participation of minors in my custody while engaged in said activity.
4. I agree that Township shall have the right to enforce activity rules and terminate participation by anyone failing to comply with said rules.
5. I will furnish a certified certificate of birth or proof of birth of the above names upon request by the Recreation Director (program description will indicate if the proof of birth is required at the time of registration).

- 6. Waive the right to dispute all proper charges once the participant has registered and/or participated in the parks and recreation program, trip or special event which the registration form was received.
- 7. Agree to reimburse Township for any and all fees incurred for wrongfully disputing a credit charge.

**Signature of Parent/Legal Guardian of Minor Participant (min. age 18):**

\_\_\_\_\_

**Date** \_\_\_\_\_

**Photo/Video Release**

I hereby give my permission for images of my child, captured during basketball camp and league activities through video, photo, or digital camera, to be used solely for the purposes of Tredyffrin Township Recreation promotional materials, publications, and team photo galleries, and waive any rights of compensation or ownership thereto.

**Player's Name (Printed)** \_\_\_\_\_

**Parent/Guardian's Name (Printed)** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_