



Richland Township
Department of Parks & Recreation
 4019 Dickey Road Gibsonia, PA 15044
 Ph: 724-443-5921 Fax: 724-443-8860
 Richland.pa.us mwilliams@richland.pa.us

Program Registration Form

Please Print

Please fill out a separate registration form for each program. Acceptance of registration forms is based on availability and first-come, first-served basis as some programs are limited in size. Make all checks payable to Richland Township. NSF fees will be charged on all returned checks.

Are you a resident of Richland Township? Yes No (*Non-Residents are subject to an additional fee*)

How did you hear about this program? Check all that apply: Richland Website Savvy Citizen Newsletter Other

Participant(s) Name: _____

Parent/Guardian Name: _____
(If participant is under 18)

Primary Phone: _____ Second phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Email: _____
(Your information will never be shared with a third party)

Participant Name	Age	Program	Fee	Date Paid

Waiver: *The participant and the participant's legal representatives, heirs, executors and assigns, hereby release, indemnify and hold harmless Richland Township, its employees, and its elected and appointed officials, from and against any loss, claim, cost, damage, expense, including but not limited to attorney's fees and court costs, which may arise or result in any way from the participant's participation in any Richland Township sponsored event for the current year. All participants and their legal representatives, heirs, executors and assigns are informed that any photograph taken by or on behalf of Richland Township at a scheduled Township event will become the property of Richland Township and all participants, their legal representatives, heirs, executors and assigns consent to the use of any such photographs for such things as Township-issued brochures, newsletters, other publications and the Township website. If you prefer that such photographs are not used by the Township, please contact the Parks & Recreation Coordinator, Melissa Williams.*

 Signature of Participant or Parent/Guardian if under 18

 Date