

Upper Darby Recreation Senior Fitness Registration Form

****Please return form to: Upper Darby Recreation, 1072 Pontiac Road, Drexel Hill, PA 19026 (610 789 3656)**

PARTICIPANT INFORMATION:

Participant's Name _____

Gender: M F

Address _____ Apt # _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Medical Problems _____

This program is a combination of exercise & walking set to music in an enclosed environment. Classes will include: warm-up, standing exercises, walking to a beat, stretching & cool down. Welcome to Adults of all levels.

Please wear comfortable clothing & good footwear.

This program will be held on:

Thursday Evenings
September 12, 2019 - November 7, 2019
(No Class on 10/31/19)
6:30pm (45 minute class)
Classes held in Drexel Hill Middle School Gym
\$35.00 per person
Instructor: Elaine Caldwell



Checks or Money Orders made out to "Upper Darby Recreation" are accepted.

No cash payments will be accepted.

*Sponsored by:
Upper Darby Township
Thomas N. Micozzie, Mayor*

**Please call
Upper Darby Recreation
with any questions.
610-789-3656**

REGISTRATION & REFUND POLICIES AND PROCEDURES

Using the registration form, you may register through the mail or in person at the [Upper Darby Township Department of Recreation, 1072 Pontiac Road, Drexel Hill, PA 19026](#). The office is open Monday through Friday between the hours of 8:30am and 4:00pm. All registration forms must be filled out completely and signed by the parent/guardian of the participant under the age of 18 or the adult registering for the program. Payment in full is required before the start of any program.

Payment Methods Accepted: Money Order or Checks made payable to "Upper Darby Recreation" are acceptable methods of payment for camp programs. No cash or credit cards will be accepted.

Program Confirmation: Participants who register for a program will be sent a confirmation letter to the address provided on the registration form. If you do not receive a confirmation letter a week before the camp begins, please contact our office. [610-789-3656](tel:610-789-3656).

Deadlines for Registration: Please register early if you are interested in a program. Programs will be cancelled if not enough registrations are received. Registrations will continue until programs are filled or until the program begins.

Canceled Programs/Refunds: All recreation programs will take place, assuming minimum numbers of registrations are received. The Upper Darby Township Recreation Department reserves the right to cancel any program or any activity due to insufficient registrations. In this case, a full refund will be issued. You may cancel out of a program, but you must submit a refund request form to our department **3 weeks prior** to the start of a program in order to be considered for a refund. If participation is terminated for failure to follow rules of conduct, or for actions or conduct detrimental to or incompatible with the best interest of the program as a whole, the participant is not entitled to a refund.

Personal Property: Participant understands that any items that are brought into Upper Darby Recreation camp locations, (camera, MP3 player, cell phone, other personal electronics, jewelry etc.) are the responsibility of the participant, and Upper Darby Township/Upper Darby Recreation are in no way responsible for lost, missing, stolen or damaged items.

Inclement Weather & Program Status: Participants who register for an Upper Darby Recreation program will not be contacted in the event of inclement weather. Please contact the Upper Darby Recreation office if you have questions regarding program cancellations at [610-789-3656](tel:610-789-3656).

Photographs/videos of participant: By completing this registration form I am giving my permission for photographs/videos to be taken of the participant and used for publicity purposes.

Insurance Information: I understand that no health, medical, worker's compensation and/or accident insurance is provided for participants and I accept full responsibility for obtaining insurance. In the event I fail to obtain such insurance, I understand and acknowledge and that I accept full responsibility for payment of any and all expenses I may incur in the absence of such insurance.

I, the undersigned, understand & assume all of the risks of my participation in this program. I certify that I am in good health and I am able to attend and participate in this program and I hereby acknowledge that my participation may involve a risk and the possibility of injury, disability and/or death.

I agree that Upper Darby Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in this program for failure to follow these rules of conduct, or for actions or conduct detrimental to or incompatible with the welfare, comfort, harmony or interest of the program as a whole.

I hereby grant Upper Darby Township and any of its directors, officers, members, agents, and other representatives, full authority to take whatever action they consider to be warranted regarding my health & safety, and I fully release all of them from any liability for such actions taken on my behalf.

SIGNATURE OF PARTICIPANT

PRINTED NAME OF PARTICIPANT

DATE