

REGISTRATION & REFUND POLICIES AND PROCEDURES

Radnor Township Recreation Department Programs/Trips/Events (Read Information Carefully):

How to Register for Programs/Trips/Events: Completed paper registration forms can be mailed/dropped off at the Recreation Department in the Radnor Township Building at 301 Iven Avenue, Wayne, PA 19087. Office hours are 8:00 AM to 4:00 PM Monday to Friday. All questions should be directed to the Recreation Department at 610-688-5600. Registration forms must be filled out completely and signed by the parent/guardian of the participant if under the age of 18 or the by the adult registrant. Payment is due in full and is required at the time of registration. Participants who register will not be contacted prior to the start date. If you would like information or need to reach us with questions, please contact our office. Please register in advance of the start of a program/trip/event. We will cancel if sufficient registrations are not received. Registrations will continue until program/trip/event is filled.

Payment Methods: Cash or check made payable to "Radnor Township"; Credit Cards are accepted only in person at our office and are not accepted by telephone. **Discount Tickets Program - payments accepted by cash or check ONLY - no credit cards accepted.**

Non-Residents: Radnor Township residents have priority registration. Non-Radnor Township residents will pay the established rate of an additional \$30 per program/trip/event.

Refunds: We reserve the right to cancel a program/trip/event any time if insufficient registrations are not obtained. In this case, a full refund will be issued. **If you cancel or withdraw your registration, you must submit a refund request to our Department 3 weeks (21 days) prior to the start of the program/trip/event in order to be considered for a refund. Approved refunds are subject to an administration charge of 10% the total fee of the program/trip/event (no less than \$10.00).** If your participation is terminated for failure to follow rules of conduct, or for actions or conduct detrimental to or incompatible with the best interests of the program/trip/event as a whole, you are not entitled to a refund.

Cancellations: There is a minimum number of registrations that are needed. If registration numbers are not sufficient, the program/trip/event will be canceled. Participants will be notified and will receive a full refund.

Waitlists: You will be added to a waitlist if we have reached our maximum in a program/trip/event and you will receive a full refund. We will contact you if there is a cancellation by another participant or if conditions allow us to re-open registration.

Essential Eligibility Criteria:

Our highest priority is providing a safe and positive experience to all participants. In order to create a safe and positive environment that fosters success, all participants must be able to perform the following functions outlined below. If the participant has a special condition that would prevent him/her from meeting the Essential Eligibility Criteria of the program/trip/event, the Township may not be able to make accommodations for the participant.

The Essential Eligibility Criteria are the following:

- Understand and follow the directions of staff.
- Communicate needs and concerns to staff.
- Identify and avoid health and safety risks.
- Assume responsibility for personal care independently, such as feeding or dressing oneself (if applicable), or using the restroom.
- Refrain from abusive behaviors, physical or verbal, toward self and others.
- Function effectively as part of a group and work together with others.
- Participate in varied environments, sometimes with transitions, both indoors/outdoors; in cold/hot temperatures.
- Manage personal mobility and distances independently at the program/trip/event site.
- Carry weight of personal belongings as applicable (lunch, towel, water bottle) in a backpack.
- Participate fully in the outlined activities in the program/trip/event description.
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Locations: Please call us if you need confirmation or directions to program/trip/event locations.

Returning from Trips: While at a trip destination, it is your responsibility to return to the bus at the designated time at the conclusion of the trip. **If you are late in returning back to the bus, you are responsible to provide your own transportation back to Radnor Township.** We will not hold the bus for late participants. At many of our destinations, the bus cannot wait for long periods of time for everyone to return. Please plan accordingly.

Inclement Weather & Program Status: Inclement weather advisory notices and cancellations will be posted at www.radnor.com, click the drop down menu for Recreation, then click Field and Program Status. We will make every effort to email you in addition to updating the website. Please contact our office if you have questions regarding program. Cancellations at Radnor Township School District locations may not reflect our status. Our inclement weather program notices are not for programs offered by the local community organizations - Please consult each of these organizations directly.

PARTICIPANT & REGISTRATION INFORMATION

PARTICIPANT'S NAME _____ AGE _____ GENDER: M F

SCHOOL _____ SEPT 2019 GRADE _____ T-SHIRT SIZE _____

PROGRAM _____ SESSION _____

EMAIL _____ FEE \$ _____

PARTICIPANT'S NAME _____ AGE _____ GENDER: M F

SCHOOL _____ SEPT 2019 GRADE _____ T-SHIRT SIZE _____

PROGRAM _____ SESSION _____

EMAIL _____ FEE \$ _____

PARTICIPANT'S NAME _____ AGE _____ GENDER: M F

SCHOOL _____ SEPT 2019 GRADE _____ T-SHIRT SIZE _____

PROGRAM _____ SESSION _____

EMAIL _____ FEE \$ _____

Total Amount Due: \$ _____

Not a Radnor Resident? Please Pay Non Resident Rate (when applicable)

PARENT/GUARDIAN & EMERGENCY INFORMATION

ADDRESS _____ CITY _____ PHONE (H) _____ - _____ - _____

GUARDIAN'S NAME/RELATIONSHIP _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

GUARDIAN'S NAME/RELATIONSHIP _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

EMERGENCY CONTACT _____ PHONE _____ - _____ - _____ RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE _____ - _____ - _____

PLEASE LIST ANY ALLERGIES (INCLUDE IF THE ALLERGY IS LIFE THREATENING OR NON-LIFE THREATENING), ANY MEDICAL CONDITIONS/SPECIAL NEEDS/DIETARY RESTRICTIONS OR ANY OTHER INFORMATION OF WHICH WE SHOULD BE AWARE. ADDITIONAL INFORMATION MAY BE REQUESTED.

To best serve the needs of program participants for various conditions, we require the above information to assist our staff in understanding the participant and to make every effort to accommodate them.

INSURANCE INFORMATION

"I understand that no health, medical, workers' 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 that I accept full responsibility for payment of any and all expenses I (or my son or daughter) may incur in the absence of such insurance."

_____/_____/_____
SIGNATURE OF PARENT/GUARDIAN PRINTED NAME OF PARENT/GUARDIAN DATE

PHOTOGRAPHS/VIDEOS OF PARTICIPANT

By signing below, I am giving my permission for photographs/videos to be taken of the above participant and used for publicity purposes.

_____/_____/_____
SIGNATURE OF PARENT/GUARDIAN PRINTED NAME OF PARENT/GUARDIAN DATE

PERMISSION STATEMENT & LIABILITY RELEASE
(FOR PARTICIPANTS 18 YEARS OF AGE AND OLDER)

I, the undersigned, agree to participate in all aspects of the above program/trip, including but not limited to transportation to/from said program/trip, and I understand and assume all of the risks of my participation in this program/trip. I certify that I am in good health and am able to attend and participate in this program/trip and I hereby acknowledge that my participation may involve a risk and the possibility of injury, disability and/or death.

In consideration of the being permitted to participate in the above program/trip, I hereby, for myself, my heirs, executors, administrators, and assigns forever remise, release, discharge, indemnify, and hold harmless Radnor Township and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, assigns, from any and all manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against Radnor Township or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me, which may occur during or by reason of my participation in this program/trip.

I agree that Radnor Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my participation in this program/trip 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/trip as a whole.

I hereby grant Radnor 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 and safety, and I fully release all of them from any liability for such actions taken on my behalf.

_____/_____/_____
SIGNATURE / **PRINTED NAME AND AGE** / **DATE**

PERMISSION STATEMENT & LIABILITY RELEASE
(FOR MINOR PARTICIPANTS UNDER 18 YEARS OF AGE)

I, the undersigned, give my permission for my minor child to participate in all aspects of the above program/trip, including but not limited to transportation to/from said program/trip, and I understand and assume all of the risks of my child's participation in this program/trip. I certify that my child is in good health and is able to attend and participate in this program/trip and I hereby acknowledge that my child's participation may involve a risk and the possibility of injury, disability and/or death.

In consideration of my child being permitted to participate in the above program/trip, I hereby, for child and myself, our heirs, executors, administrators, and assigns forever remise, release, discharge, indemnify, and hold harmless Radnor Township and its successors and assigns, directors, officers, members, agents and representatives and employees, and their heirs, executors, administrators, assigns, from any and all manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which my child or I, or our legal representative may have or may acquire against Radnor Township or its directors, officers, members, agents, or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to my child or me, which may occur during or by reason of my child's participation in this program/trip.

I agree that Radnor Township shall have the right at its discretion to enforce established rules of conduct and/or terminate my child's participation in this program/trip 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/trip as a whole.

I hereby grant Radnor 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 child's health and safety, and I fully release all of them from any liability for such actions taken on my child's behalf.

_____/_____/_____
SIGNATURE OF PARENT/GUARDIAN / **PRINTED NAME OF PARENT/GUARDIAN** / **DATE**

Optional Question - *In order to learn the best ways to communicate information about Radnor Recreation programs and events, please answer the question: how do you prefer to find out about our programs and events? Please check all that apply.*

- emails
- Radnor.com
- RTV
- Call in
- Stop by the Township Building
- Other _____

OFFICE USE ONLY	Date Received: ____/____/____	Method of Payment:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card
	Amount: \$ _____				