

# REGISTRATION & REFUND POLICIES AND PROCEDURES

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

### How to Register for Programs/Trips/Events

**ON-LINE REGISTRATION** - The Recreation Department uses a software system for programming registration that enables participants to view programs offered and register online. Please visit [www.radnor.com/recreationregistration](http://www.radnor.com/recreationregistration) to create or log in to your account.

**MAIL-IN/WALK-IN REGISTRATION** - 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. 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. Registrations will be processed as they are received. Participants who register will not be contacted prior to the start date. Please register in advance of the start of a program/trip/event. We will cancel if sufficient registrations are not received - each program has a designated minimum and maximum number of participants to run. Registration will continue until program/trip/event is filled. All registration questions and confirmations should be directed to the Recreation Department at 610-688-5600.

**Payment Methods:** Cash or check made payable to "Radnor Township"; Credit Cards are accepted on line and in person at our office and are not accepted by telephone. **Discount Tickets for Amusement Parks/Ski Resorts - 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. For some programs/trips/events, the Non-Resident rate will be waived.

**Refunds/Cancellations:** Radnor Township Recreation reserves the right to cancel a program/trip/event at any time. If there are insufficient registrations or extenuating circumstances with an instructor or facility, a full refund will be issued. If there are weather-related conditions, we will make every attempt to reschedule - a refund may or may not 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. All 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.

**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, we 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.

**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 Cancellation:** Inclement weather advisory notices and cancellations will be communicated by email. Please contact our office if you have questions. 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 contact each of these organizations directly.

**Photo Policy:** Please be advised that photography and video takes place in all programs/trips/events by various internal and external sources and these images may be for Township use in future promotional materials.

**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

**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 \_\_\_\_\_

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