

Required Recreation Registration Form (Please Submit With Payment)

**This form must be filled out completely and your check must accompany to complete registration.
(This form is not for Youth Recreation Camp and Applebrook Golf –
please visit the East Goshen Recreation webpage or office for those forms)**

Please list activity on this Registration Form, page 2

I the undersigned, intending to be legally bound for myself, my heirs, executors, administrators, and assigns, hereby waive and release any and all rights and claims for damages I may now or hereafter have against East Goshen Township, and their respective employees for any and all damages or injuries which may be sustained by me or my family arising out of my participation in the above activity. PHOTOGRAPHIC RELEASE. By signing below, I give consent that videotapes, photographs, recordings, motion picture film and/or electronic images of me and other participants may be used by the Township, and its successors and assigns in any and all publications and other media in order to increase community awareness of East Goshen Township programs. I give my consent that such photographs, recordings, motion picture film and/or electronic images and the plates, tapes, and/or software from which they are made shall be the property of the township and the Township has the right to sell, duplicate, reproduce and make such other uses of such photographs, recordings, motion picture film and/or electronic images of me as it desires free and clear of any claim on my part.

Signature of Participant (or Parent/Guardian) _____ *I choose to opt out of the PHOTOGRAPHIC RELEASE (please initial)* _____

Date Submitted: _____ Amount Paid: _____

Checks must be made out to **East Goshen Township** for the above programs *except for* Yoga & Meditation. The township building address is: 1580 Paoli Pike, West Chester, PA 19380 **If paying online**, please complete the above form, select “Submit Form” (Located On Upper Right Of Your Screen) and then complete payment by clicking [here](#).

For Yoga and/or Meditation class please make check out to Charo Cabello and send to:
2505 Winterbridge Lane, West Chester, PA 19382
Check must accompany this form- Unless you are paying online- Thanks

Questions? Please call 610.692.7171 and or email Jason Lang at jlang@eastgoshen.org

EAST GOSHEN TOWNSHIP

REQUIRED RECREATION REGISTRATION FORM (Please Submit With Payment)

This Form Must be filled out completely and accompanied by an online payment or check to be registered for a program.

NAME & EMAIL ADDRESS	RESIDENT ?	ACTIVITY & DETAILS	COST	CELL PHONE	ADDRESS including ZIP
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1	<input type="text"/>	<input type="text" value="Yes"/>	Activity Name:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Session Dates:			
	DOB*		Day(s) <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> Th. <input type="text"/> F			
			Time: <input type="text"/> AM or PM <input type="text"/>			

** Date of Birth is required if registrant is under the age of 18*

2	<input type="text"/>	<input type="text" value="Yes"/>	Activity Name:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Session Dates:			
	DOB*		Day(s) <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> Th. <input type="text"/> F			
			Time: <input type="text"/> AM or PM <input type="text"/>			

** Date of Birth is required if registrant is under the age of 18*

3	<input type="text"/>	<input type="text" value="Yes"/>	Activity Name:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Session Dates:			
	DOB*		Day(s) <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> Th. <input type="text"/> F			
			Time: <input type="text"/> AM or PM <input type="text"/>			

** Date of Birth is required if registrant is under the age of 18*

4	<input type="text"/>	<input type="text" value="Yes"/>	Activity Name:	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>		Session Dates:			
	DOB*		Day(s) <input type="text"/> M <input type="text"/> T <input type="text"/> W <input type="text"/> Th. <input type="text"/> F			
			Time: <input type="text"/> AM or PM <input type="text"/>			

** Date of Birth is required if registrant is under the age of 18*