

5186 Stump Road
Pipersville, PA 18947



Phone (215) 766-8914
Fax (215) 766-9831

Shooting Stars Archery Academy Summer Camp Registration

Name	
Age	
Street/PO Box Address	
State	
Zip Code	
Phone #	
Email Address	

All sessions are held at
Bucks County Fish & Game Association (BCFG)
1745 Turk Rd.
Doylestown, Pa 18901

Campers age 6-17
Please select desired week(s)

<u>Week 1-June 24-28</u>	<u>Week 2- July 22-26</u>	<u>Week 3-August 12-16</u>

Registration Fee: \$225 week/ DISCOUNT -\$50.00 when registering FOR ALL 3 camp weeks.

Payment by cash or check made payable to Plumstead Township

Payments can be mailed or dropped off at Plumstead Township

5186 Stump Rd Pipersville, Pa 18947

Completed registration form and waiver can be emailed to

dfreed@plumstead.gov

Completed registration and payment must be received to reserve spot.

Plumstead Township – Park and Recreation Program Participant

Liability Waiver and Release

I understand and agree, for myself and/or for any minors in my care, that participation in any activities and programs sponsored by Plumstead Township (the “Township”), where the Township provides facilities, instruction and/or supervision, could result in injury to myself, minors in my care and/or to personal property owned by me or such minors. In consideration for being permitted to use Township facilities and/or participate in Township-sponsored activities/programs, I agree, for myself and/or for any minors in my care, to fully and completely release the Township, its officials, employees, boards, departments, agents, volunteers, representatives and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Township facilities or participation in Township-sponsored activities and programs.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Township. I understand that no health and/or accident insurance is provided by the Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage. I hereby give the Township’s staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of Township representatives.

I agree, for myself and/or for any minors in my care, to comply with all Township rules and regulations, including any rules and regulations governing any activities or programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Township facilities and/or participate in Township-sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration, activity or program fees.

I grant the Township the right to use my/our name, image, photograph, and video, including composite or modification, representations in publications, brochures, newsletters, reports, website, social media, and any other material relating to Township activities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND/OR ANY MINORS IN MY CARE AND THE TOWNSHIP, AND SIGN IT OF MY OWN FREE WILL. Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

Participant Name (Print): _____

Participant Signature: _____

If Participant is under age 18
Parent/Guardian’s Name (Print): _____

Parent/Guardian’s Signature: _____

Date: ____ / ____ / ____