

**BRADFORD WOODS BOROUGH
PROGRAM REGISTRATION FORM**
PLEASE COMPLETE ONE FORM PER PARTICIPANT

Participant's First Name	Last Name
Date of Birth	Phone
Address	City/Zip
Email	
Parents Name	School
Physician's Name	Physician's number
Emergency contact	Resident of Bradford Woods (Circle One) Yes No

Release of Liability- All participants are required to sign this form

Please check with your doctor before registering in any fitness or exercise program. I, the parent or guardian of the above minor, or myself, submit that my child/I, is/am able to participate in the activity below and waive the Borough of Bradford Woods, its staff and affiliates of any responsibility of injury or illness

Signature

Date

Program Name	Sessions	Fee
1		
2		
3		

**Return this completed form with payment to:
Borough of Bradford Woods – PO Box 168 – 4908 Wexford Run Road 15015**

Please direct any questions or comments to the Borough of Bradford Woods 724-935-2990

Additional forms can be obtained at the Borough office or downloaded from our website at bradfordwoodspa.org. Photos may be taken at any or all Bradford Woods activities and used for promotion of future events. If you do not want your/your child's picture published, please notify the Borough of Bradford Woods.

Please make checks payable to the Borough of Bradford Woods