

# REGISTRATION INFORMATION

**Registration is required for all education programs. Children under 12 must be accompanied by an adult.**

Pre-registration is required for all programs. You are not officially registered for a program until the registration form and payment (if applicable) are received. All persons residing at the same address may be listed on one form for the same program. This allows us to plan for and properly staff our programs.

Telephone registration will not be accepted. A completed registration form is required to secure participation. Forms may be submitted by mail, fax or walk-in, and should be received 3 days prior to program date. Please pre-register. Walk-in registration will only be accepted at the program if space allows.

Wait List: When a program reaches capacity, registrants will be placed on a wait list. Wait list registrants will be notified if space becomes available.

Payment: We accept cash and checks. Please do not send cash through the mail. Make check payable to: *Treasurer of Chester County* and note program title on memo line. A \$50 charge will apply for any check returned from the bank. We cannot accept a credit card to hold spaces.

Refunds will be issued if the Department cancels the program.

## Park Locations:

Hibernia County Park  
P.O. Box 124, Wagontown, PA 19376  
FAX: 610-384-1898; Phone: 610-383-3812

Nottingham County Park/ Wolf's Hollow County Park  
150 Park Road, Nottingham, PA 19362  
FAX: 610-932-5965; Phone: 610-932-2589

Warwick County Park/ Black Rock Sanctuary  
382 County Park Road, Pottstown, PA 19465  
FAX: 610-469-2265; Phone: 610-469-1916

Springton Manor Farm  
860 Springton Road, Glenmoore, PA 19343  
FAX: 610-942-3285; Phone: 610-942-2450



### SEND IN

Mail your registration form and payment to park hosting the program.

### WALK IN

Bring your registration form and payment to the park office.  
Office Hours: Monday - Friday  
8:30 AM - 4:30 PM

### FAX IN

For programs not requiring a fee, forms may be faxed to the park.

## How To Register:

Registration Form (Please use separate form for each program)

Please Print!

The Chester County Parks & Recreation Department will use every precaution to prevent accidents; however, it will not be responsible for medical, dental or hospital expenses incurred due to accidents during its programs. I understand and agree to this statement and request that I, or my child(ren), be allowed to participate in the following program. I agree that neither the Chester County Parks & Recreation Department or instructor shall be held responsible for any injury to me or my child(ren) during the program or while going to or from any program.

Program Title: \_\_\_\_\_ Program Date: \_\_\_\_\_  
Program Location: \_\_\_\_\_ Program Time: \_\_\_\_\_ AM / PM

Participant(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Special Needs/ Medical Conditions: \_\_\_\_\_

Total Fee \$ \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE: Date Rcv'd \_\_\_\_\_ By \_\_\_\_\_  Mail  Walk-In  Fax Cash/ Check \$ \_\_\_\_\_