



West Chester Parks & Recreation Department

Bitty Ballet Registration Form
401 East Gay Street West Chester, PA 19380

The waiver must be filled out before you are able to participate in any Borough of West Chester Parks and Recreation Department program. If additional forms are needed, please duplicate. PLEASE PRINT!

Child's Name & Birthday: _____
Parent(s) Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-mail: _____
of Participants _____
Additional Participants: _____

Please Choose Session & Level Offering: *please check chosen class offering(s)*

- | | |
|---|---|
| <input type="checkbox"/> Fall - Level 1 | <input type="checkbox"/> Summer Camp (July 9-12) |
| <input type="checkbox"/> Fall - Level 2 | <input type="checkbox"/> Summer Camp (July 23-26) |

Amount Enclosed (**\$85/session or camp**): _____
Emergency Contact: _____ Emergency Phone: _____

Please read carefully and sign

Registration/Payment: The registration form above must be completed and mailed or dropped off to the West Chester Parks and Recreation Department. In order to be registered for the program or trip, payment must be made in full. Please make checks payable to West Chester Parks and Recreation Department. There are no multiple children discounts.

Cancellation/Refund: No refunds are given unless the program is cancelled by The West Chester Parks and Recreation Department or Bitty Ballet.

I agree that I will abide by the rules, policies, and decisions of the Borough of West Chester Parks and Recreation Department. I acknowledge and confirm that I have the requisite skills, qualifications, physical abilities, and training necessary for me to safely participate in this recreational program. I recognize the possibility of physical injury to myself if I participate in the West Chester sponsored recreational program. In consideration for the Borough allowing me to participate in this recreational program, I hereby knowingly and voluntarily release the Borough of West Chester and the Borough of West Chester Parks and Recreation Department and all of its agents, employees and officers from and against any and all claims, losses, damage, liability or expense occurring to any of my property or for personal injury or death which may result from my participation in the recreational program, including injury or death that may be caused by the Borough of West Chester and the Borough of West Chester Parks and Recreation Department and all of its agents, employees and officers negligent actions. I assume all liabilities and injury that may result because of my participation in this recreational program.

Signature: _____ **Date:** _____

If I am the parent/legal guardian, I acknowledge that I am the parent or legal guardian of the registrant and that I have legal authority to bind my child to the terms of this release and waiver.

Parent/Guardian Name:(Please Print): _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please make checks payable to:
"West Chester Parks and Recreation" 401 East Gay Street, West Chester, PA 19380
WE ACCEPTED CASH OR CHECK