



Anderson Township Park District

Sing & Sign, ages 1–2 ½ years

Register in advance. You and your child will learn sign language as you sing some favorite children’s songs. This class is designed for hearing children as well as hearing-impaired. Children who sign usually learn to speak at an earlier age and demonstrate the benefits through their school years. Our instructor is a Baby Signs® Independent Certified Instructor.

Take-home materials will be provided.

Dates: Wednesdays, April 22-May13 **Time:** 6–6:30 p.m.

Price: \$30 per resident, \$40 per non-resident

Place: Beech Acres Park RecPlex, 6915 Beechmont Ave.

Questions? (513) 388-4515 **Fax:** (513) 231-4190 **Weather Hotline:** (513) 357-6629 ext. 1

Sing & Sign Registration ~ Spring 2015

Participant’s Name _____ Birthdate ____/____/____ Gender _____

Parent’s Name _____ Phone (h) _____ (c) _____

Address _____ City _____ State _____ Zip _____

Email _____ Medical Concerns: allergies, conditions, medications _____

Emergency Contact Name (different from above) _____ Phone _____

Price: _____ \$30 per resident _____ \$40 per non-resident **Total Due: \$** _____

Office Use Only: Date _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Staff _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave. • Cincinnati, OH 45230
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*. The ATPD may cancel or alter programs pending registration numbers.

RELEASE OF LIABILITY & AUTHORIZATION: I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District ("ATPD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the ATPD; Forest Hills Local School District; Anderson Foundation for Parks and Recreation; and Beech Acres Parenting Center; and their respective Boards, employees, agents, assignees, sponsors, and volunteers from all responsibility in the event of accident or injury associated with participation in this activity. I hereby acknowledge the ATPD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet", via www.andersonparks.com/ConcussionLaw and at the Beech Acres Park RecPlex, 6915 Beechmont Ave. Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this ATPD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the ATPD. Furthermore, I authorize the ATPD to use my e-mail address to send me ATPD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the ATPD activity for which I am registering myself and/or my child.

Participant (Parent/Guardian) Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____