

* LOCATIONS Beech Acres Park RecPlex, 6915 Beechmont Ave., Cinti, OH 45230

* PRPCE8 \$10 per resident, \$12 per non-resident. Registration required for all participating children.

* ADDITIONAL DIFOS Participants will choose a specific time to chat between 8:30 am and 11:30 am with Santa. Time slots are on a first-come, first-served basis. Please call the RecPlex to check time slot availability. The ATPD may alter or cancel this program, pending registration numbers.

- Questions? Call (513) 388-4513

_Name on Card:

- Activity Hotline (in case of inclement weather): (513) 357-6629 x1



ATPD 2015 Santa's Workshop Registration (Use the back of this sheet for additional participants)

| 1. Child's Name | s Name | | | | Birthdate | | | |
|--|-----------------------------|--------------------|----------------------|-------------------|---------------------------|------------------------------|--|--|
| Address, City, State, Zip | | | | | | | | |
| 2. Child's Name | | Birthdate | | | | | | |
| Address, City, State, Zip | | | | Phone | | | | |
| Additional Children: (Please includ | e last names, birthdates, a | nd any other infor | mation different fro | m above participa | nts.) | | | |
| Santa's Works | shop will run continuousl | ly from 8:30 am | · 11:30 am. Please | indicate which ti | me you prefer to arrive: | | | |
| | 8:30 am9 am | 9:30 am | FULL 10:30 am | FULL 11 am | 11:30 am | | | |
| Number of CHILDREN: | _@ \$10 per resident / \$12 | 2 per non-reside | nt = \$ | | | OFFICE USE ONLY: | | |
| Parent Name | | | Email | | | Date | | |
| Address, City, State, Zip | | | | | | Time | | |
| RELEASE OF LIABILITY AND AUTHORIZATION: I, the undersigned, hereby authorize my, &/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., Cinti, OH 45230. | | | | | | Rec'd By Total \$ Cash | | |
| | | | | | | CC | | |
| n consideration of my &/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 &/or my child. | | | | | | Check # | | |
| | | | | | | Check Name | | |
| Parent/Guardian Name | | Signature | | | Date | Dep. By | | |
| Fax w/ credit card payment to: (513) 231-4190 OR Make checks payable to "Anderson Township Park District" & return to: Beech Acres Park RecPlex, 6915 Beechmont Ave., Cinti, OH 45230. Registration acceptance is subject to the completion of payment and Release of Liability & Authorization. | | | | | | Conf | | |
| □ Visa □ MasterCard C | | _ | _ | 3 Digit Sec | rity Code (BACK of credit | card) | | |