



Anderson Township Park District

Home Alone, ages 9 1/2 –11 years

Register in advance. This two-day course instructs children how to handle real-life situations and everyday hazards that may arise when staying home alone. Topics covered include answering the door and phone, using the computer, when to call 911, what to do in case of a fire or emergency, and planning a course of action for potentially dangerous situations. Kids will also learn how to fix quick and healthy snacks.

Dates: Monday, May 4 and Wednesday, May 6 **Time:** 6:30–8 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

Home Alone 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 and 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 _____