



# ANDERSON TOWNSHIP PARK DISTRICT

## Imagination Station, ages 4-8

**Register in advance.** Does your child have an active imagination! Join us for an evening of fun playing creative games, making crafts and dressing up in costumes! Children will use their imaginations to create a fantasy world of play. All materials supplied and costumes available for use. Space is limited.

Winter Class, February 27

Time: 6:00pm – 8:00pm

Spring Class, April 23

Time: 6:00pm – 8:00pm

**Questions?** (513) 388-4515 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

**Price Per Class:** \$12 Anderson Resident; \$17 Non-Resident **Location:** Beech Acres Park RecPlex

### Imagination Station ~ Winter/Spring 2012

Participant's Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size (sports) \_\_\_\_\_

Parent's Name (if applicable) \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Medical Concerns: allergies, conditions, medications \_\_\_\_\_

Emergency Contact Name (different from above) \_\_\_\_\_ Phone \_\_\_\_\_

Class: \_\_\_\_\_ February 27

\_\_\_\_\_ April 23

Price per Class: \_\_\_\_\_ \$12 Anderson Resident

\_\_\_\_\_ \$17 Non-Resident

**Total Due: \$** \_\_\_\_\_

**Office Use Only:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Rec'd By \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Check # \_\_\_\_\_ Ck Name \_\_\_\_\_ Deposit By \_\_\_\_\_

**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 hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ Name on card \_\_\_\_\_