



# ANDERSON TOWNSHIP PARK DISTRICT

## Little Nature Nuts, ages 2 – 5 years old

**Register in advance.** Let's explore the outdoors together! Parents and their toddlers participate together in a variety of activities that take place outside at W.M. Johnson Hills Park. We'll introduce & lead the activities while you help your child participate at their pace. Dress for whatever the weather might be! Each class will have a different outdoor/nature theme.

Space is limited and on a first come, first served basis.

**Class 1:** Thursday, April 19

**Class 2:** Thursday, May 10

**Time:** 10:00 – 10:45am

**Price** (per class - per child): \$7 Anderson Resident; \$10 Non-Resident

**Location:** Johnson Hills Park (7950 Bridle Rd)

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

### Little Nature Nuts ~ 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 \_\_\_\_\_

**Please Select Class:**    \_\_\_ Class 1    \_\_\_ Class 2

**Price Per Class:**    \_\_\_ \$7 Anderson Resident    \_\_\_ \$10 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 \_\_\_\_\_