



ANDERSON TOWNSHIP PARK DISTRICT

Superhero Quest, ages 3 ½ - 5

Register in advance. Calling all Super Heroes! We need your help! Something has happened at the Beech Acres Park RecPlex and only our young superheroes can help save the day! If you think you're up to the task of helping us, then join our quest! Don't forget to dress the part. All superheroes need to be potty trained.

Date: Saturday, May 12 **Time:** 10:30 am – 12:00 pm

Price: \$12 Anderson Resident; \$15 Non-Resident **Location:** Beech Acres Park RecPlex

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

Superhero Quest ~ Spring 2012

Participant's Name _____ Birthdate ___/___/___ Email _____

Parent's Name (if applicable) _____ Phone (h) _____ (w) _____

Address _____ City _____ State _____ Zip _____

List child's allergies, medical conditions, or any medications _____

Price: ___ \$12 Anderson Resident ___ \$15 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 _____