



Anderson Township Park District

Tot Time, ages 18 months–3 years

Register in advance. Leave the mess at the park district! Parents and their toddlers share in a variety of songs, games, and art activities. You help your child participate at his or her pace while staff members will introduce and lead activities.

Class 1: Mondays, April 13–May18 **Time:** 10-10:45 a.m.

Class 2: Mondays, April 13–May18 **Time:** 11-11:45 a.m.

Price: \$48 per resident, \$58 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

Tot Time 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 _____

Please select class: ___ Class 1 ___ Class 2 **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 _____