



ANDERSON TOWNSHIP PARK DISTRICT

Nature Explorers, ages 4 – 7 years old

Register in advance. Let's explore the outdoors! Outdoor adventurers will participate in a variety of nature activities, crafts and games. Our class will take place at W.M. Johnson Hills Park. Dress for outdoor activities and whatever the weather might be! Space is limited and on a first come, first served basis.

Class 1: Saturday, April 21

Class 2: Saturday, May 19

Time: 9:30 – 11:30am

Price per Class: \$12 Anderson Resident; \$17 Non-Resident

Location: Johnson Hills Park (7950 Bridle Rd)

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

Nature Explorers ~ 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: _____ April 21 _____ May 19

Price: _____ \$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 _____