



# Anderson Township Park District

## Raised Bed Gardening, age 18 years and up

**Register in advance.** Curious about the easiest way to start a garden in your yard? Join Krystal Gallagher, gardener and educator with Gorman Heritage Farm, as she builds a raised, wooden garden bed at the RecPlex and teaches about proper planting. Dress for the weather! Space is limited.

**Date:** Wednesday, April 26

**Time:** 6-7:30 p.m.

**Price:** \$12 per resident; \$17 per non-resident

**Place:** Beech Acres Park RecPlex, 6915 Beechmont Ave.

**Questions:** (513) 388-4513    **Fax:** (513) 231-4190    **Weather Hotline:** (513) 357-6629 ext. 1

### Raised Bed Gardening Registration ~ Spring 2017

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

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

**Price:** \_\_\_\_\_ \$12 per resident    \_\_\_\_\_ \$17 per non-resident    **Total Due: \$** \_\_\_\_\_

Office Use Only: Date _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Staff _____
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**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](http://www.andersonparks.com) 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 &/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 \_\_\_\_\_