



Asbury Woods Nature Center Program Registration Agreement

Please complete and sign the registration form below
and return to the Nature Center to register for a program.

Release from Injury Claims: On behalf of myself and any of my minor children listed below as applicants for whom I have the authority to sign this Release, I give permission to attend and participate in the program for which application is attached. I hereby release and discharge the Asbury Woods Partnership, Millcreek Township School District, their agents, employees, staff members, directors, officers and volunteers from any claims, responsibilities or liabilities for any injuries or harm incurred as a result of or in any way related to my participation and/or my child's participation in the program for which registration is sought.

Signed: Parent or Guardian of Minor Children **Print Name** Date: _____

Signed: Adult Participant **Print Name** Date: _____

FAMILY LAST NAME DAY PHONE CELL PHONE

ADDRESS

CITY STATE ZIP E-MAIL

| NAME (ALL PARTICIPANTS) | CHILD'S AGE | PROGRAM | DATE(s) | TIME | FEE |
|-------------------------|-------------|---------|---------|------|-----|
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For Internal Use Only!

Fee Paid \$ _____
 Date Received _____
 Method of Payment
 Cash _____ Check # _____ Charge Card _____

| | |
|--|--|
| Subtotal | |
| Membership (Please specify) | |
| \$25 Senior, \$30 Individual, \$50 Family, \$50 Grandparent Family | |
| Donation | |
| Total Enclosed | |

No refunds for cancellations made within a week of the scheduled program.

**Please make checks payable to Asbury Woods Partnership, Inc. and
mail in the enclosed envelope to 4105 Asbury Road, Erie PA. 16506 (814) 835-5356**