

Bethel Park Recreation will announce details in the February 20, 2012 issue of the *Bethel Park Chronicles!* Wait for more information on:

RECREATION JUNIOR FOOTBALL
For ages 6-13

RECREATION JUNIOR CHEERLEADERS
Grades 1-8, register in mid-March

RECREATION FARMERS' MARKETS
Held every Tuesday from May to October

RECREATION FLEA MARKETS
Held the third Saturday of each month from May to September

DIVING CLINIC
For Grades 8 & up

RECREATION BASKETBALL TOURNAMENT
Begins at the end of February at Neil Armstrong Middle School gym

Spring Preview



Bethel Park Recreation and Leisure Services Register ONLINE at www.bethelpark.net **ACTIVITY REGISTRATION FORM**

Separate form REQUIRED for EACH participant. You may DUPLICATE this form.

DO NOT USE THIS FORM FOR: Youth basketball, any day camp, flea market, Ski Club, soccer, wrestling, track or tennis.

(PARTICIPANT)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ BP Resident? Yes / No

PHONE: home (____) _____ work/cell (____) _____

BIRTH DATE: m____/d____/y____ Current Grade: _____ Male/Female (circle)

Email address: _____

Please include any special needs: _____

1. Activity Name _____ Code no. _____

Day _____ Start Date _____ Time _____

Location _____ Fee Due \$ _____

2. Activity Name _____ Code no. _____

Day _____ Start Date _____ Time _____

Location _____ Fee Due \$ _____

PLEASE CONTINUE AND SIGN THE WAIVER BELOW:

Make check payable to: **BETHEL PARK RECREATION** Total amount enclosed \$ _____

Payment is from (print name) _____ cash _____ check # _____

Mail or drop off to: Bethel Park Recreation, 5100 West Library Avenue, Bethel Park, PA 15102

I, _____, understand the rules and regulations for the (Parent/guardian or participant - print name) activity for which I have registered myself, or have registered my child. By my signature, I agree to hold harmless and blameless the Municipality of Bethel Park, Bethel Park School District and any employee thereof as to and regarding any liability, claims, damages or any item whatsoever resulting from any accident or injury which I or those under my supervision or care might receive while participating in the above Recreation program(s).

SIGNATURE: _____

(Participant, or parent/guardian, if participant is under 18 years of age)

Please call the Recreation Office at 412-831-1328 if you have any question regarding this registration.

The Recreation Office does not contact participant to confirm registration unless there is a conflict, a change in day/date or class is full or cancelled.

OFFICE USE ONLY -----

Amount Due \$ _____ Amount Paid \$ _____ Cash _____ Check # _____

Account # _____ Activity Code # _____ Date received _____

Bethel Park Recreation and Leisure Services Register ONLINE at www.bethelpark.net **ACTIVITY REGISTRATION FORM**

Separate form REQUIRED for EACH participant. You may DUPLICATE this form.

DO NOT USE THIS FORM FOR: Youth basketball, any day camp, flea market, Ski Club, soccer, wrestling, track or tennis.

(PARTICIPANT)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ BP Resident? Yes / No

PHONE: home (____) _____ work/cell (____) _____

BIRTH DATE: m____/d____/y____ Current Grade: _____ Male/Female (circle)

Email address: _____

Please include any special needs: _____

1. Activity Name _____ Code no. _____

Day _____ Start Date _____ Time _____

Location _____ Fee Due \$ _____

2. Activity Name _____ Code no. _____

Day _____ Start Date _____ Time _____

Location _____ Fee Due \$ _____

PLEASE CONTINUE AND SIGN THE WAIVER BELOW:

Make check payable to: **BETHEL PARK RECREATION** Total amount enclosed \$ _____

Payment is from (print name) _____ cash _____ check # _____

Mail or drop off to: Bethel Park Recreation, 5100 West Library Avenue, Bethel Park, PA 15102

I, _____, understand the rules and regulations for the (Parent/guardian or participant - print name) activity for which I have registered myself, or have registered my child. By my signature, I agree to hold harmless and blameless the Municipality of Bethel Park, Bethel Park School District and any employee thereof as to and regarding any liability, claims, damages or any item whatsoever resulting from any accident or injury which I or those under my supervision or care might receive while participating in the above Recreation program(s).

SIGNATURE: _____

(Participant, or parent/guardian, if participant is under 18 years of age)

Please call the Recreation Office at 412-831-1328 if you have any question regarding this registration.

The Recreation Office does not contact participant to confirm registration unless there is a conflict, a change in day/date or class is full or cancelled.

OFFICE USE ONLY -----

Amount Due \$ _____ Amount Paid \$ _____ Cash _____ Check # _____

Account # _____ Activity Code # _____ Date received _____