



# Anderson Township Park District

## Little Nature Nuts, ages 2-5 years

**Register in advance.** Explore the outdoors! Parents and their toddlers participate together in a variety of activities that take place outside at Johnson Hills Park. Park instructors introduce and lead the activities while you help your child participate at his or her own pace. Dress for whatever the weather might be! Each class will have a different outdoor/nature theme.

**Class 1:** Wednesday, September 23-*Bats*

**Class 2:** Wednesday, October 21-*Spiders*

**Class 3:** Wednesday, November 18-*Pumpkins*

**Time:** 10–10:45 a.m.      **Price (per class):** \$9 per resident; \$12 per non-resident

**Place:** Johnson Hills Park, 7950 Bridle Road

**Questions?** (513) 388-4515    **Fax:** (513) 231-4190    **Weather Hotline:** (513) 357-6629 ext. 1

### Little Nature Nuts Registration ~ Fall 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(es):**    \_\_\_ Class 1    \_\_\_ Class 2    \_\_\_ Class 3      **Total Due: \$** \_\_\_\_\_

Office Use Only: Date \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Cash \_\_\_ CC \_\_\_ Check # \_\_\_\_\_ Ck Name \_\_\_\_\_ Staff \_\_\_\_\_

**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, 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](http://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 \_\_\_\_\_