



Anderson Park District

Friday Little Nature Nuts, ages 2-4 years

Register in advance. Discover the wonders of nature! Parents and their toddlers participate together in a variety of outdoor activities 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 focuses on a different outdoor/nature theme.

age 2 years

Class 1: Friday, Sept. 14-*Dinosaurs*
Class 3: Friday, Oct. 26-*Hiding in Plain Sight*
Class 5: Friday, Nov. 9-*Tree Huggers*
Time: 10-10:30 a.m.

ages 3-4 years

Class 2: Friday, Sept. 14-*Dinosaurs*
Class 4: Friday, Oct. 26-*Hiding in Plain Sight*
Class 6: Friday, Nov. 9-*Tree Huggers*
Time: 11-11:30 a.m.

Price (per class): \$9 per resident; \$14 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 2018

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 3 Class 5
 Class 2 Class 4 Class 6 **Total Due: \$** _____

Office Use Only: Date/Time _____ Total Paid \$ _____ Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____ Ck Name _____ Staff _____
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Make checks payable and return to: Anderson Park District, Anderson Parks 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 APD 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 Park District ("APD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the APD; 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 APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this APD 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 APD. Furthermore, I authorize the APD to use my e-mail address to send me APD 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 APD 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 _____