

Save time, money and gas, register for programs online at www.mtlebanon.org

REGISTRATION FORM

Recreation Office
900 Cedar Blvd 2nd Floor * Pittsburgh, PA 15228
(412) 343-3409 Mon-Fri 8:30-5:00 p.m.

Mt. Lebanon Recreation Department



www.mtlebanon.org

Mt. Lebanon Ice Center
900 Cedar Boulevard – Ground Level * Pittsburgh, PA 15228
(412) 561-4363 Mon-Sat 9:00 – 9:00 p.m. Sun 9:00 – 6:00 p.m.

PLEASE PRINT

DOB / /
M D Y

Please print adult / parent / guardian full name _____
 Contact me for volunteering

Best Phone (circle: H, W, C) _____ Day Phone (circle: H, W, C) _____ Evening Phone (circle: H, W, C) _____

Address _____ City _____ State _____ Zip _____ Please print e-mail address _____
 Are there any medical conditions (allergies, asthma etc.?) _____

Mt. Lebanon Neighborhood School
 *Participants address (if different than parent or guardian): _____

LeboALERT – A FREE notification service (phone, text, e-mail). In the event of an emergency and to provide you with updates about cancellations and recreation department programs and events. Please visit www.mtlebanon.org and sign up for LeboALERT. All recreation participants should sign up, and at minimum select the “Cancellations” category.

Emergency contact _____ Emergency contact phone number (circle: H, W, C) _____ Are you interested in sponsoring a team? Yes No
 How did you hear about the programs? Newspaper Brochure Word of mouth E-mail Website Flyer Other _____

PRINT PARTICIPANTS NAME FIRST, MIDDLE INITIAL, LAST	ACTIVITY / CLASS NUMBER	ACTIVITY NAME / LEVEL	DAY	TIME	AGE	BIRTHDATE	GRADE	CIRCLE GENDER	FEE	START DATE
						/ /		M / F	\$	
						/ /		M / F	\$	
						/ /		M / F	\$	
						/ /		M / F	\$	
						/ /		M / F	\$	
						/ /		M / F	\$	

WAIVER AND RELEASE

By registering for this program, activity or trip, individually and/or as the parent/guardian of any minor or minors, I understand that by engaging in recreational activities, programs or trips sponsored by the Municipality of Mt. Lebanon Recreation Department, I am utilizing recreational facilities owned, operated, maintained or utilized by the Municipality of Mt. Lebanon Recreation Department. I expressly acknowledge and accept that participation in said activities may create a risk of injury to persons or property and I hereby expressly assume such risk and release, remise, and forever discharge the Municipality of Mt. Lebanon Recreation Department and the Municipality of Mt. Lebanon, Pennsylvania, and its respective officers, agents and employees from any liability for any and all claims, suits or causes of action arising from injuries to my person or property and/or to any minor that I have registered or his/her property as a result of my/his/her participation in this recreational activity, program or trip. I have read this release and intending to be legally bound, I have set my signature hereunder.

Participant / Parent or Guardian over 18, Signature _____

FOR OFFICE USE ONLY		Check # _____	Amount \$ _____
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DEBIT CARD	<input type="checkbox"/> CASH
DATE _____	RECEIVED BY INITIALS: _____		
TILL # _____			
White Office	Yellow File	Pink Customer	REV 12/10/10

TOTAL FEE \$ _____

MT. LEBANON

- ICE CENTER (412) 561-4363
- GOLF COURSE (412) 561-9761
- OUTDOOR POOL (412) 561-6626
- PLATFORM TENNIS (412) 561-4363
- TENNIS CENTER (412) 343-3411

FORMS OF PAYMENT

ONLINE: Visa and MasterCard
IN PERSON: Check, Visa, MasterCard & Cash
 Checks made payable to:
 MT. LEBANON, PA

REFUND POLICY

Refund requests must be made a minimum of seven days prior to event.
 See www.mtlebanon.org for details.

NSF CHECK POLICY

An administrative fee of \$20 will be added to each occurrence of a returned check.

**MT. LEBANON IS
 AN EQUAL OPPORTUNITY
 GOVERNMENT**