

Community Day Toddler Trot Registration Form 2 pm. Founders' Field

Name: _____ Gender _____

Date of Birth _____ Age as of May 19, 2018 _____

Street Address _____

Telephone _____

Consent and Photo Release: I agree to hold the Township of Upper St. Clair, the Community Day committee and volunteers, and/or any employee thereof harmless and blameless for any accident of injury which may occur while my child is participating in the Toddler Trot. By registering, I am agreeing to allow the publication of any photos taken of my child.

Signature _____ Date _____

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