



Recreation Department
Stauffer Mansion ♦ 1241 Lititz Pike
Lancaster, PA 17601-4396
(717) 290-7180

CHECK (✓):

- ☐ MT Resident?
☐ Non-Resident?
☐ **NEW** Applicant?
☐ **RENEWAL** Applicant?

FOR OFFICE USE:**OVERLOOK DOG PARK REGISTRATION****Calendar Year Membership (January-December)****FEES: MT Resident:** (1) Dog = \$50; Addl. Dog \$15**Non-Resident:** (1) Dog = \$70; Addl. Dog \$25**KEY FOBS: NEW MEMBERS:****Add \$15 Key FOB Fee (one time fee)**
Additional / Lost Key FOB \$15Make Checks Payable to: **Manheim Twp. Recreation Department****PLEASE ATTACH: copy of 2026 PA Dog License, Vaccinations record to include DHPP or DHP/PV, Rabies and Bordetella.****Dog(s) must be Spayed or Neutered** (Check One) Spayed ☐ Neutered ☐

Guardian _____ Dog's Name _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____

Primary Phone No. _____ Add'l Phone No. _____

Primary means of contact for emergency / incident (Primary, Add'l, Email): _____

Sex of Dog: Male ☐ Female ☐ (Check One)

Breed _____ Color _____ PA Dog License No. _____

Veterinarian's Name, Address & Phone No. _____

Homeowner/Renter Insurance Carrier Name: _____

Homeowner/Renter Insurance Carrier Policy #: _____

In consideration of the acceptance of this registration at the Overlook Dog Park, I agree:

I. That MTRD has the right to refuse or cancel this registration at any time, for any cause which the MTRD shall deem to be sufficient.

II. I agree to hold MTRD and Manheim Township harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of my dog while in or upon premises or grounds near any entrance thereto, and I personally assume all responsibility and liability for any such claims, and I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by negligence of MTRD or any other of the parties aforementioned or by the negligence of any other person, or any other cause or causes.

III. I have read, understand, and will abide by the rules and Incident Review Process of the Overlook Dog Park.

Guardian's Signature _____ Date _____

FOR OFFICE USE: Date Rec'd _____ Rec'd By _____ Mail / Walk-In / Fax / Phone Ck / Ca / Charge \$ _____**PROOF DOCUMENTATION ATTACHED:** 1.) ☐ PA Dog License 2.) ☐ Current Vaccinations: DHPP/DHP PV | Rabies | Bordetella