

Palmyra Area Recreation and Parks Commission (01/09)

REGISTRATION FORM (please print)

PROGRAM INFORMATION _____ Male Female

Name of Program/Activity _____ Fee \$ _____

Session (if applicable) _____ Age Grp/Level _____

PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Parent/Guardian (if applicable) _____

Mailing Address _____
Street City Zip Code

Home Telephone _____ Work Telephone _____

Cell Phone #1 _____ Cell Phone #2 _____

E-Mail Address _____

Date of Birth _____ School _____ Grade _____

Medical Concerns: _____

T-shirt size (if applicable) Youth S(6-8) _____ M (10-12) _____ L (14-16) _____
XL (18-20) _____ Adult S _____ M _____ L _____ XL _____ XXL _____

PERMISSION FOR PHOTOGRAPH

Occasionally, photographers and/or staff will take photographs of program/activity participants for publication and/or use on the Commission web site. Please check below if you have a preference for the above named participant regarding photographs. YES, I give permission NO, I do not give permission

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold the Palmyra Area Recreation and Parks Commission, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program/activity offered by the Palmyra Area Recreation and Parks Commission.

Signature _____ Date _____
Palmyraarearecreation1@hotmail.com

Note: For Programs registering on a monthly basis - payment is due by the 1st of the month _____
Please make checks and Money Orders Payable to – PARPC

Office Use Only: Amt Rec \$ _____ Cash check (ck#) _____ Money Order