

DANCE REGISTRATION FORM (please print)

CAMPBELLTOWN SCHOOL OF DANCE PROGRAM ___ Male ___ Female

CLASS _____ CLASS _____

CLASS _____ CLASS _____

CLASS _____ CLASS _____

FEE PER MONTH _____

NAME: _____

STREET ADDRESS: _____

CITY/ZIP CODE: _____ AGE _____

E-MAIL: _____ HOME PHONE: _____

Name of parents: _____ Cell #: _____
(if applicable) _____ Cell #: _____

Pertinent allergies/health problems: _____

Health Insurance Provider: _____

I confirm that my child is medically fit to take part in this activity Y ___ N ___

Our family resides in:
North Londonderry South Londonderry Palmyra Boro Other

Permission given for photos to be taken/used in Recreation publicity Y ___ N ___

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 _____

Note: For Programs registering on a monthly basis – payment DUE by the 1st of the month. Please make Checks payable to – PARPC. Mail to: PARPC 325 S. Railroad St., Palmyra 17078

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