

Palmyra Area Recreation and Parks Commission (PARPC) (10/10)

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 _____

PARENT/GUARDIAN (IF APPLICABLE) _____

MAILING ADDRESS _____

HOME TELEPHONE _____ WORK TELEPHONE _____

CELL PHONE #1 _____ CELL PHONE #2 _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____ SCHOOL _____ GRADE _____

PERTINENT ALLERGIES/HEALTH PROBLEMS _____

HEALTH INSURANCE PROVIDER: _____

OUR FAMILY RESIDES IN:

NORTH LONDONDERRY SOUTH LONDONDERRY PALMYRA BORO OTHER

PERMISSION GIVEN FOR PHOTOS TO BE 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: Please make checks/Money Orders Payable to – "PARPC."
Mail to: PARPC, 325 S. Railroad St., Palmyra 17078**

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