

**West Hanover Township Parks & Recreation Department
Program Registration Form**

Participant's Name: _____ Age: _____

Parent/Guardian's Name (for under 18): _____

Mailing Address: _____ City & Zip: _____

Day Phone #: _____ Evening Phone #: _____ Cell #: _____

Emergency Contact Person: _____ Emergency Contact Phone #: _____

Special Needs or Allergies: _____

When registering for more than (1) event/class/trip, you must write out separate checks for each.

Program Title: _____

Check one:

- West Hanover Township Resident
 I am a Non-Resident

How did you learn of the program (please check)

- Township Newsletter
 Newspaper
 Flyer from School
 Website (www.westhanover.com)

Cost: _____ Please make checks payable to **West Hanover Township**

Registration can be mailed to: West Hanover Township, 7171 Allentown Boulevard, Harrisburg, PA. 17112
Phone #: (717) 652-4841, Fax #: (717) 652-8158

Participant's Waiver & Release

Hold Harmless Agreement: The UNDERSIGNED PARTICIPANT and/or his/her guardian, in consideration of the Township of West Hanover, through their Parks & Recreation Board, providing facilities, instruction, and supervision in the activity for which he/she has registered does hereby:

1. Requests permission to participate in the activity with full knowledge that said activity could result damage or injury to me.
2. I/we state that there are no health-related reasons or problems which preclude or restrict me from participating in said activity.
3. Assume all risks and responsibilities of possible damage or injury through participation in said activity. I understand I am to furnish my own insurance in case of injury.
4. In the event I/we need medical care from West Hanover Township, the parent/guardian is asked to sign the consent form below. In case of a serious medical condition, West Hanover Township will make every effort to notify the parent/guardian, but the first priority is providing care to the participant.
5. Agree to indemnify and hold harmless the Township and their departments and agents against liability for personal injury or property damage resulting from my participation in said activity.
6. I acknowledge that programs held through the Township of West Hanover may be filled or may be cancelled due to lack of participation.
7. Agree that once the program deadline date has past, there will be **No** refunds. If cancelled prior to the deadline, you will receive a refund, minus a \$10 administration fee.
8. If a check is written and returned for insufficient funds, a \$25 service fee will be charged.
9. I agree to allow West Hanover Township to use any photos taken at the activity for future Township publications.

Parents (or Legal Guardian's) Signature: _____ **Date:** _____

For Office Use Only: Date Received: ____/____/____ **Received By:** _____
Fee: \$ _____ **Check #:** _____ **Cash Receipt:** _____ **Walk-In** _____ **Mail** _____

