

**West Hanover Township Parks & Recreation Department  
2017 Program Registration Form**

Participant #1: \_\_\_\_\_

Participant #2: \_\_\_\_\_

Participant #3: \_\_\_\_\_

Participant #4: \_\_\_\_\_

Participant #5: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Township Resident: (yes/no) \_\_\_\_\_ Program Name: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Special Needs or Allergies: \_\_\_\_\_

Registration must be mailed to: West Hanover Parks & Recreation, 628 Walnut Avenue, Harrisburg, PA. 17112  
Phone #: (717) 724-0083, Fax #: (717)724-0086

**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 understanding and knowledge that by participating in this activity, the risk of injury exists.
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.

**Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only: Date Received:</b> ___/___/___ <b>Received By:</b> _____ <b>Fee:</b> \$ _____ <b>Check #:</b> _____ <b>Walk-In</b> _____ <b>Mail</b> _____ <b>Other:</b> _____
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