

**West Hanover Township Parks & Recreation Department
2020 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:** _____

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