

REGISTRATION FORM

PLEASE DO NOT REGISTER MORE THAN (1) ONE CHILD PER FORM, IF YOU
NEED MORE FORMS CALL THE RECREATION OFFICE (717) 724-0083

Child's Name: _____ Last Grade Completed _____

Parent/Guardian: _____

Street Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____ Resident: _____ Non- Resident: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Emergency contact: _____ (Relationship): _____ (Phone #) _____

Special Medical Concerns: _____

WEEKS REGISTERING FOR: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(6/13) (6/20) (6/27) (7/5) (7/11)

(4 Week Minimum) 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
(7/18) (7/25) (8/1) (8/8) (8/15)

FEES

- **Residents - \$150 per week / per child (\$125 per week / per additional child)**
- **Non-residents - \$175 per week / per child**
- **Field Trips – Permission slips will be distributed and collected with fee the week of the trip**

Resident _____ **Non-Resident** _____ **# of weeks** _____ **Total Fees:** _____

T-shirt Size: _____ Y/S _____ Y/M _____ Y/L _____ A/S _____ A/M _____ A/L
(6-8) (10-12) (14-16) (34-36) (38-40) (42-44)

WAIVER OF LIABILITY AND ACKNOWLEDGEMENT

I hereby attest that the information provided in the summer recreation application is complete and accurate to the best of my knowledge.

I hereby waive any claims for bodily injury, property damage, or other liability against the Township of West Hanover, and their respective agents, volunteers, and/or employees while our child(ren) is a participant in the Township Recreation Program.

I consent to allow any pictures taken to be used in township publications for purposes of showcasing the program and advertising the program in the future.

Signature of Parent/Guardian

Date