

PROGRAM REGISTRATION FORM (PLEASE PRINT LEGIBLY)

Participant's Name _____ () Male () Female Age _____ Grade _____ School _____

Address _____ City _____ State _____ Zip Code _____

Municipality: _____ (Please name)

Home Phone: _____ Cell Phone: _____ Email: _____

PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS:

RECREATION PROGRAM NAME

FEE

Are there any health conditions/problems we should know about? () Yes () No

If yes, Please explain _____.

PLEASE READ CAREFULLY!

I UNDERSTAND THAT AS A PARENT OR GUARDIAN OF THE ABOVE PARTICIPANT, EAST HILLS RECREATION COMMISSION DOES NOT PROVIDE INSURANCE FOR ANY INJURIES TO PROGRAM PARTICIPANTS AND THAT INJURIES THAT OCCUR, WILL BE AT OUR OWN EXPENSE! I AGREE TO HOLD HARMLESS, EAST HILLS RECREATION AND EMPLOYEES AND HEREBY RELEASE THEM FROM ANY LIABILITY ON ACCOUNT OF INJURIES SUSTAINED IN ACTIVITIES. I ALSO HEREBY CONSENT TO THE USE OF MY CHILD'S IMAGE AND/OR VIDEO TO BE USED ON THE EAST HILLS RECREATION EBSTIE AND/OR FACEBOOK PAGE. NO NAMES WILL BE MENTIONED IN REFERENCE TO THE PICTURES.

Parent/Guardian/Adult Participant Signature (Required)

Date

Make Checks payable to: **EAST HILLS RECREAITON**
101 Community College Way
Johnstown, PA 15904

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Office use only: Date rec'd _____ Rec'd. by _____ Mail _____ Walk-in _____ Check _____ Cash _____ Amount _____