

2021 East Hills Recreation Summer Programs

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:

<u>RECREATION PROGRAM NAME</u>	<u>FEE</u>
_____	_____
_____	_____
_____	_____
_____	_____

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 HEREBY FOREVER RELEASE AND WAIVE THE RIGHT TO BRING SUIT IN CONNECTION WITH EXPOSURE, INFECTION, AND/OR SPREAD OF COVID 19 OR ANY OTHER INFECTIOUS DISEASE RELATED TO MY OCCUPANCY OF THE FACILITY. I ALSO HEREBY CONSENT TO THE USE OF MY CHILD'S IMAGE AND/OR VIDEO TO BE USED ON THE EAST HILLS RECREATION FB PAGE 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 RECREATION**
101 Community College Way
Johnstown, PA 15904

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