SUSQUEHANNA TOWNSHIP RECREATION DEPARTMENT

PROGRAM REGISTRATION FORM

PARTICIPANT'S NAME _____

PARTICIPANTS' AGE *(if applicable)* _____ BIRTHDATE _____

PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE

WORK _____

HOME _____

EMERGENCY _____

ASK FOR _____

NAME OF ACTIVITY _____ DATES _____

PLACE _____ TIMES _____

AMOUNT **PAID** _____ DATE _____ CASH _____ CHECK NO. _____

DEPOSIT _____ BALANCE DUE _____ DATE DUE _____ CASH _____ CHECK NO.

I WAIVE ALL CLAIMS AGAINST THE RECREATION PROGRAM, AND THE TOWNSHIP FOR ANY PERSONAL INJURY WHICH MAY OCCUR, UNLESS NEGLIGENCE IS INVOLVED. THIS WAIVER **MUST** BE SIGNED BEFORE ANY PARTICIPATION IS ALLOWED.

SIGNATURE _____
(PARTICIPANT/PARENT/GUARDIAN)

CHECK ONE PLEASE:

RESIDENT _____

NON-RESIDENT _____

FOR TOWNSHIP USE

RECEIVED BY

_____

SUSQUEHANNA TOWNSHIP RECREATION
1900 Linglestown Road, Harrisburg, PA 17110
TELEPHONE NO. 545-4751

BUS DEPOSIT _____ DAY CAMP _____

SENIORS VAN _____ DATES _____

SPORTS CAMP _____ DATES _____

ARTS/CRAFTS _____ DATES _____

OTHER _____ DISCOUNT TICKETS _____