

PROGRAM REGISTRATION FORM (PLEASE PRINT LEGIBLY)

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

Address _____ City _____ State _____ Zip Code _____

Municipality: White Twp. _____ ; Indiana Boro. _____ ; Shelocta Boro _____ ; Armstrong Twp. _____ Other _____ (Please name)

Home Phone: _____ Work Phone: _____ Alternate Phone: _____ Email: _____

PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS:

Those living outside of Indiana School District must pay a \$10.00 out of district fee!

RECREATION PROGRAM NAME

FEE

Shirt Size (when applicable) Adult Sizes: () Sm () Med () Lg () XL

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, INDIANA AREA RECREATION & PARKS 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, INDIANA AREA RECREATION, WHITE TOWNSHIP, INDIANA BOROUGH, INDIANA AREA SCHOOL DISTRICT, S & T BANK ARENA AND EMPLOYEES AND HEREBY RELEASE THEM FROM ANY LIABILITY ON ACCOUNT OF INJURIES SUSTAINED IN ACTIVITIES.

Parent/Guardian/Adult Participant Signature (Required)

Date

Make Checks payable to: INDIANA AREA RECREATION
497 East Pike, Suite A
Indiana, PA 15701

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