

# Chambersburg Recreation Department

## Crafting with the Elves

Participant's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical conditions or medications of which we should be aware? If yes, please explain.

\_\_\_\_\_

### Waiver / Permission Slip

This form grants \_\_\_\_\_ (participant's name) permission to participate in the Chambersburg Recreation Department's Crafting with the Elves. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I, \_\_\_\_\_, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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|   | <u>Day:</u> | <u>Date:</u> | <u>Time:</u>    | <u>Reg. Deadline</u> |
|---|-------------|--------------|-----------------|----------------------|
| <b>Crafting with the Elves</b><br>(Grades 1 <sup>st</sup> – 5 <sup>th</sup> ) | Sat         | 12/1         | 9:30 - 11:30 AM | 11/21                |

**Cost:** \$35 / \$25 Borough Resident

**Return Form with Payment to:** Chambersburg Recreation Department  
235 S. 3<sup>rd</sup> St., Chambersburg, PA 17201