

Chambersburg Recreation Department

Mother-Son Gym Jam

Mother's Name _____ M _____ F _____ Age _____ DOB _____

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 Mother-Son Gym Jam. 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 _____

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline</u>
Mother-Son Gym Jam	F	10/19	6:00-9:00 PM	10/8
(Grades K-5 th)				

Cost: \$35 per couple; plus \$10 for each additional son

Son 1 _____ D.O.B. _____ Grade _____

Son 2 _____ D.O.B. _____ Grade _____

Son 3 _____ D.O.B. _____ Grade _____

Return Form with Payment to: Chambersburg Recreation Department
235 S. 3rd St., Chambersburg, PA 17201