

Chambersburg Recreation Department

Pre-School Sports Clinics

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 _____ (Please list the name of the session in which you wish participate). 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 _____

Please circle the session(s) for which you are registering:

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline:</u>
Teeny Boppers (2 - under 3 yrs.)	*TH	9/27-10/18	10:00-11:00 AM	9/20
Sporties for Shorties (3 yrs.)	W	10/3-31	10:00-11:00 AM	9/26
	*TH	10/18-11/8	5:45-6:45 PM	10/11
Kinder Kicks Soccer (4-5 yrs.)	T	9/18-10/16	10:00-11:00 AM	9/11
	W	9/19-10/17	5:45-6:45 PM	9/12
Biddy Basketball (4-5 yrs.)	T	11/6-12/4	10:00-11:00 AM	10/30
	W	11/7-12/5	5:45-6:45 PM	10/31

Cost for each Session: \$45 / \$35 Borough Resident _____ # of session(s) x \$ _____ = \$ _____

***Cost for each session:** \$29 / \$25 Borough Resident _____ # of session(s) x \$ _____ = \$ _____

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