

Chambersburg Recreation Department Smart Phone Savvy – “How to” Classes

Participant'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 _____ (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>
Beginner Classes:				
iPhone Beginner	TH	9/13	6:00-7:00 PM	9/6
iPhone Beginner	TH	11/15	6:00-7:00 PM	11/8
Android Beginner	TH	9/27	6:00-7:00 PM	9/20
Android Beginner	TH	11/29	6:00-7:00 PM	11/23
Intermediate Classes:				
iPhone Intermediate	TH	10/11	6:00-7:00 PM	10/4
Android Intermediate	TH	10/25	6:00-7:00 PM	10/18

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