

**Chambersburg Recreation Department**  
**Artistic Escapades**

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 Artistic Escapades. 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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	<b><u>Day:</u></b>	<b><u>Date:</u></b>	<b><u>Time:</u></b>	<b><u>Reg. Deadline:</u></b>
<b>Artistic Escapades</b> (9-12 years old)	M-F	7/9-13	9:30-11:00 AM	6/27

**Cost:** \$55 / \$45 Borough Resident

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