

**Chambersburg Recreation Department  
Cokes and Canvases for Kids**

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>
<b>Cokes and Canvases</b> (10-14 years old)	W	7/18	6:00-8:00 PM	7/9

**Cost for each Session:** \$35 / \$29 Borough Resident \_\_\_\_\_ # of session(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

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