

**Chambersburg Recreation Department
Community Service Project**

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 Community Service Project. 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 _____

	Day:	Date:	Time:	Reg. Deadline:
Community Service Project (entering grades 5 th -8 th)	M	6/4 & 6/11	9:30 AM-11:30 AM	5/29

Cost: FREE

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