

Chambersburg Recreation Department  
**Cornhole Tournament at Good-Ta-Go**

**Team Name** \_\_\_\_\_

**Player 1** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other  
In case of Emergency: Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Are there any medical conditions or medications of which we should be aware? If yes, please explain. \_\_\_\_\_

**T-shirt Size (Please Circle):                    Adult:   Sm   Med   Lg   XL**

**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.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Player 2** \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other  
In case of Emergency: Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Are there any medical conditions or medications of which we should be aware? If yes, please explain. \_\_\_\_\_

**T-shirt Size (Please Circle):                    Adult:   Sm   Med   Lg   XL**

**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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Release**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Cornhole Tournament</b>	<b><u>Day:</u></b>	<b><u>Date:</u></b>	<b><u>Time:</u></b>	<b><u>Reg. Deadline</u></b>
	Saturday	6/10 (Rain Date 6/11)	Begins at 10:00 AM	6/2

**Cost / Team:** \$35, + \$5 for each Non-Boro Resident

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