

# Chambersburg Recreation Department

## Pre-School Sports Clinics

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>Sporties for Shorties (3 yrs.)</b>	M-F	6/11-15	9:30-10:30 AM	6/4
<b>Kinder Kicks Soccer (4-5 yrs.)</b>	M-F	6/25-29	9:30-10:30 AM	6/18
<b>Tiny Tee's Tee-Ball (4-5 yrs.)</b>	M-F	7/9-13	9:30-10:30 AM	7/2
<b>Biddy Basketball (4-5 yrs.)</b>	M-F	7/23-27	9:30-10:30 AM	7/16

**Cost for each Session:** \$45 / \$35 Borough Resident      \_\_\_\_\_ # of session(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

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