

# Chambersburg Recreation Department Skateboarding Clinic

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 Skateboarding Clinic. 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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	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline:</u>
<b>Skateboarding Clinic</b> (5+ years)	M-F	7/10-14	6:00-7:00 PM	7/3

**Cost:** \$45 / \$35 Borough Resident

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