

# Chambersburg Recreation Department

## Sports Galore

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 Sports Galore. 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 \_\_\_\_\_

-----

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline:</u>
<b>Sports Galore</b> (entering 1 <sup>st</sup> -5 <sup>th</sup> grade)	M-F	7/24-28	9:30-11:30 AM	7/17

**Cost:** \$55 / \$45 Borough Resident

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