

Chambersburg Recreation Department
ChambersFest Bike Day
Pre-Registration

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 following event(s) in which your child will participate:

	<u>Dates</u>	<u>Time</u>	<u>Reg. Deadline</u>
Jump Line Contest (11 years - Adult)	Saturday, 7/9	11:00 AM	7/5
Pump Track Race (6 years - Adult)	Saturday, 7/9	11:00 AM	7/5
Short Track XC Race (6-9 years)	Saturday, 7/9	11:00 AM	7/5

Cost / event: \$9.00 / \$5.00 Borough Resident _____ event(s) x \$ _____ = \$ _____

***Rain Date (for all events): July 10th**

Parents-volunteers are needed!

Will you be able to help the day of the event? Yes _____ No _____ If yes; Name _____

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