

# GENERAL REGISTRATION

## [AQUA FITNESS, SENIOR SWIM MEN'S PICK UP BBALL,]

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### PROGRAM INFORMATION

NAME OF PROGRAM / ACTIVITY \_\_\_\_\_ FEE \$ \_\_\_\_\_

SESSION (IF APPLICABLE) \_\_\_\_\_

### PARTICIPANT INFORMATION

\_\_\_\_\_ Male \_\_\_\_\_ Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

North Londonderry      South Londonderry      Palmyra Borough      Other

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Pertinent Allergies/Health Problems \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

( IF APPLICABLE ) PARENT/GUARDIAN \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PERMISSION FOR PHOTOS TO BE USED IN RECREATION PUBLICITY    Y \_\_\_\_\_    N \_\_\_\_\_

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold the Palmyra Area Recreation and Parks Commission, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program/activity offered by the Palmyra Area Recreation and Parks Commission.

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

**Note: Please make Checks payable – “PARPC.”**

**Mail to: PARPC, 325 S. Railroad St., Palmyra 17078**

Office Use Only: Amt Rec \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_