

# SUSQUEHANNA TOWNSHIP RECREATION DEPARTMENT PROGRAM REGISTRATION FORM

PARTICIPANT'S NAME \_\_\_\_\_

TELEPHONE

PARTICIPANTS' AGE (if applicable) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

WORK \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY \_\_\_\_\_

ASK FOR \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF ACTIVITY \_\_\_\_\_

DATES \_\_\_\_\_

PLACE \_\_\_\_\_

TIMES \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NO. \_\_\_\_\_

DEPOSIT \_\_\_\_\_ BALANCE DUE \_\_\_\_\_ DATE DUE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NO. \_\_\_\_\_

I WAIVE ALL CLAIMS AGAINST THE RECREATION PROGRAM, AND THE TOWNSHIP FOR ANY PERSONAL INJURY WHICH MAY OCCUR, UNLESS NEGLIGENCE IS INVOLVED. THIS WAIVER **MUST** BE SIGNED BEFORE ANY PARTICIPATION IS ALLOWED.

<b>CHECK ONE PLEASE:</b>
RESIDENT _____
NON-RESIDENT _____

SIGNATURE \_\_\_\_\_  
(PARTICIPANT/PARENT/GUARDIAN)

## FOR TOWNSHIP USE

RECEIVED BY \_\_\_\_\_

**SUSQUEHANNA TOWNSHIP RECREATION**  
1900 Linglestown Road, Harrisburg, PA 17110  
TELEPHONE NO. 545-4751

BUS DEPOSIT \_\_\_\_\_ DAY CAMP \_\_\_\_\_

SENIORS VAN \_\_\_\_\_ DATES \_\_\_\_\_

SPORTS CAMP \_\_\_\_\_ DATES \_\_\_\_\_

ARTS/CRAFTS \_\_\_\_\_ DATES \_\_\_\_\_

OTHER \_\_\_\_\_ DISCOUNT TICKETS \_\_\_\_\_

\_\_\_\_\_