

Susquehanna Township Parks and Recreation

1900 Linglestown Road, Harrisburg, PA 17110 717- 909-9228

PROGRAM REGISTRATION FORM

Participant Name _____

Cell Number _____

Participant Age _____ Birthdate _____

Home Phone _____

Parent/Guardian Name _____

Work Phone _____

Emergency Phone # _____ Ask for: _____

Street Address _____

City/Town _____ Zip Code _____

Email Address _____

Check One Please:

Resident _____

Nonresident _____

Program Name _____ Program Date(s) _____

Time(s) _____ Program Cost _____ STPR Staff Initials _____

I waive all claims against the recreation program and Susquehanna Township for any personal injury which may occur, unless negligence is involved.

Signature _____

(Participant or Parent/Guardian)

This waiver must be signed before any participation is allowed.

For Administrative Use: Amount Paid _____ Date _____ Staff Initials _____