

2012 PROGRAM REGISTRATION

ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. **CIRCLE** the program(s) in which you wish to participate and its cost.
3. Write the **TOTAL COST** and **TOTAL #** of Programs registered on the appropriate lines.
4. Please complete the front and back of form.
5. Submit completed registration form along with payment by check payable to:
Loyalsock Township, 2501 East Third Street, Williamsport, PA 17701. Do NOT send cash!
Registration will not be processed without **ALL** requested information, signature and payment.

PARTICIPANT'S

NAME: _____ **AGE ON 1ST DAY OF PROGRAM** _____

(last) PLEASE PRINT (first)

E. S. P. Camp: (Explosiveness, Speed and Power)	36-367.380	July 23 – July 27	July 13 or before \$100.00 After July 13 \$110.00
Open Gym (30 & Over)	36-367.351	September – May	Resident \$25.00 Non-Resident \$35.00
Summer Youth Program:	36-367.370	June 18 – August 3	Loyalsock Township Residents Only \$200.00
Summer Hoops:	36-367.350	June 25 – August 3	Resident \$30.00 Non-Resident \$40.00
Discover Scuba:	NC001 I	July 2	NC
	NC001 II	July 30	NC
Lifeguarding Today:	07-367.860	Schedule time at pool	\$145.00
Scuba Lessons:	07-367.840 I	July 9, 11, 16, 18, 23, 25	\$150.00
	07-367.840 II	August 1, 6, 8, 13, 15, 20	\$150.00
Swimming Lessons:	07-367.820 I	June 11 – June 22	\$30.00
	07-367.820 II	June 25 – July 6	\$30.00
	07-367.820 III	July 9 – July 20	\$30.00
	07-367.820 IV	July 23 – Aug 3	\$30.00
Tennis Lessons:	36-367.340	June 11 – July 27	Resident \$60.00 Non-Resident \$70.00

Beginner, Intermediate, or Advanced; Team or Adult

(Fee for tennis lessons includes cost of Tennis Tournament – Please circle bracket below)

Tennis Tournament: 36-367.341 July 30 – August 3 Partner or Tournament Only/Per Player \$10.00

Circle bracket for tennis tournament:

If selecting doubles, please complete partner information below:

	<u>Singles</u>	<u>Doubles</u>
MEN	WOMEN	
12 & under	12 & under	Men's Open
14 & under	14 & under	Women's Open
16 & under	18 & under	Mixed Open
18 & under	Open	Girls 17 & under
35 & older		Boys 17 & under
Open		17 & under

Name _____

Address _____

Phone (h) _____ (w) _____ (c) _____

Age on July 30, 2012: _____ Male _____ Female _____

TOTAL # PROGRAMS PAID _____ **TOTAL \$** _____

PLEASE COMPLETE AND SIGN REVERSE SIDE!

Office Use Only:	Date Paid _____	Amount Paid _____	Check # _____	Receipt # _____
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RELEASE AND ACKNOWLEDGMENT

I, _____, in consideration of being permitted to participate in activities sponsored by the
(print participant's name)
Township of Loyalsock and/or its Recreation Board, am aware of, acknowledge and agree to the following:

1. That such activities can result in injury to myself and my property;
2. That I am medically able, equipped and properly trained to participate in such activities;
3. That I shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to my ability to participate safely in such activities;
4. That I shall abide by all rules and regulations for the activities in which I am participating;
5. That I am assuming all responsibility and risks associated with such activities, including but not limited to:
 - a. falls;
 - b. contact with other participants;
 - c. weather;
 - d. natural and man-made conditions; and
 - e. all other risks or hazards encountered while participating, observing and/or traveling to and from such activities;
6. That I consent for myself, and/or my child above, to receive immediate, emergency first aid and medical treatment, if necessary;
7. That I have read, understood and voluntarily signed this Release and Acknowledgment and agree to its terms, and that no oral representations, statements or other inducements have been made to me other than those contained in this written document.

PARTICIPANT'S INFORMATION

NAME: _____ DATE OF BIRTH: _____ Male _____ Female _____

ADDRESS: _____

PHONE # home: _____ work: _____ cell: _____

MEDICAL INFORMATION

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition:

Condition: _____ Rx: _____ Restriction: _____

Condition: _____ Rx: _____ Restriction: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE # home: _____ work: _____ cell: _____

I HEREBY AGREE TO INDEMNIFY, RELEASE, DISCHARGE AND HOLD HARMLESS

Loyalsock Township and/or its Recreation Board from any loss, liability, damage or cost that may arise from my presence on, or my use of, property of Loyalsock Township and/or its Recreation Board, or in any way competing, officiating, observing, working for, or for any purpose participating in any event, whether caused by the negligence of Loyalsock Township and/or its Recreation Board, staff, employees, coaches and agents.

SIGNATURE: _____

DATE: _____

(or parent if under 18)