BEGINNER'S PICKLEBALL CAMP 2023

ONLY ONE REGISTRANT PER FORM

1. Please fill out a separate form for each participant.
2. Submit completed registration form to:
   Loyalsock Township, 1607 Four Mile Drive, Williamsport, PA 17701.
   Registration will not be processed without **ALL** requested information and signature.

REGISTRATION FEE: FREE

Circle the Session: **Session I: June 24, 2023**
Session II: July 29, 2023
TIME: 8:00 AM TO 12:00 PM
AGES: 10 and Up (with adult registration)
PLACE: James Short Park

PARTICIPANT'S INFORMATION

PLEASE PRINT

PARTICIPANT'S NAME: _____ AGE ON 1ST DAY OF PROGRAM_____
(Last) (First)

DATE OF BIRTH: _____ MALE____FEMALE_____PHONE # _____

ADDRESS: _____

EMAL: _____

MEDICAL INFORMATION

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition (no medication will be given by staff members during the program):

Condition:_____Rx:_____Restriction: _____

Allergies to food or medication:_____

EMERGENCY CONTACT INFORMATION

NAME:_____RELATIONSHIP: _____

ADDRESS: _____

PHONE # Cell:_____Home:_____Work: _____

PARTICIPANT SIGNATURE:_____DATE: _____

Please complete back side

PHOTO RELEASE

I hereby consent that the photograph, voice, or image of the program participant listed on this form may be used by Loyalsock Township for publication, display, website, and/or broadcast. This consent shall include, but not be limited to, local newspapers, Township websites, Township Facebook pages, Township Newsletters, and local television stations. This Consent is intended to extend only to Loyalsock Township, and not to be assigned to any other activity without the consent of the participant's parent/guardian.

_____ _____

Signature of Parent if under 18 Date

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.

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:** _____

Signature of Parent if under 18