

CITY OF GREENSBURG PARKS AND RECREATION DEPARTMENT
 520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601
 PHONE: (724)834-4880 FAX: (724)834-4895 EMAIL: rec@greensburgpa.org

PARTICIPANT LAST NAME: _____

PARTICIPANT FIRST NAME: _____

BIRTHDATE: _____ AGE: _____ GENDER: _____

PRIMARY CONTACT (parent/guardian): _____

CONTACT NUMBER: _____ Cell Home

ADDRESS: _____

CITY: _____ ZIP CODE: _____

E-MAIL: _____

SCHOOL: _____ GRADE: _____

HEALTH CONCERNS: _____

EMERGENCY CONTACT: _____ PHONE: _____

RESIDENCY (select one): City of Greensburg GSSD Other: _____

| | PROGRAM NAME | SESSION | AGE GROUP | FEE |
|----|--------------|---------|-----------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

If you register after deadline, please add \$10: _____

Total Amount Due: _____

PARTICIPANT T-SHIRT SIZE: Child / Adult Small Medium Large XL 2XL

ARE YOU INTERESTED IN COACHING? (Circle One): YES / NO

COACH'S NAME AND EMAIL: _____

Release: I, in consideration of my (or my child's) participation in this activity, hereby release the City of Greensburg and its Parks and Recreation Department, as well as the Greensburg Salem School District (at any location), and any individual connected herewith from any and all property damage or liability arising from accident, injury, or illness suffered as a result of participation in this activity. I also permit the use of any photographs and videotape of me or my children for promotional purposes. The parent, guardian, or participant assumes agrees to follow the department's Code of Conduct at all times while said activity is being held, and all risks inherent in the activity and will hold City of Greensburg Parks and Recreation, its affiliates, directors, and employees harmless from any participant claims or causes of action that may arise from this activity and free and harmless from liability of any nature.

PARENT/GUARDIAN SIGNATURE

PLEASE PRINT NAME

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PAYMENT INFORMATION – FOR OFFICE USE ONLY

Date: _____

Cash: _____ Check #: _____ Money Order: _____ Credit/Debit: _____ Online: _____

Amount Received: \$ _____

Received By: _____