

LAMPETER-STRASBURG RECREATION COMMISSION  
REGISTRATION FORM



PARTICIPANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADULT CONTACT: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_

MEDICAL OR OTHER IMPORTANT INFORMATION: \_\_\_\_\_

RESIDENCY: *(please check one)*

WEST LAMPETER TOWNSHIP: \_\_\_\_\_ STRASBURG BOROUGH: \_\_\_\_\_

STRASBURG TOWNSHIP: \_\_\_\_\_ NON RESIDENT: \_\_\_\_\_

WHAT MUNICIPALITY, TOWNSHIP, OR BOROUGH? \_\_\_\_\_

PROGRAM TITLE:

START DATE:

FEE:

for office use only

PAYMENT:

TYPE OF CARD:

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_  
DISCOVER \_\_\_\_\_ AMERICAN EXPRESS \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CARD# \_\_\_\_\_

LSRC INITIALS: \_\_\_\_\_ LSRC INITIALS: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMT: \_\_\_\_\_ AMT: \_\_\_\_\_

TRANSACTION DATE: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

LSRC INITIALS: \_\_\_\_\_

LIABILITY RELEASE:

I understand the nature and the scope of the activity listed above and that there are risks and dangers associated with the activity. I understand that it is not the function of the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, or volunteers to guarantee the safety of the participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of him/herself and the other participants. I also understand that it is the responsibility of the participant to provide him/herself with accident or medical insurance. In consideration of the participant being permitted to enroll in this activity, I hereby release indemnify and hold harmless the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, and volunteers from any and all claims, demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by me the participant as a result of or relating to participation in this activity. In witness whereof I have executed this Liability Release as my own free act on this date.

ADULT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_