

LAMPETER-STRASBURG RECREATION COMMISSION
REGISTRATION FORM



PARTICIPANT NAME: _____
ADDRESS: _____ CITY: _____
ZIP: _____ EMAIL: _____
PHONE #: _____ AGE: _____ MUNICIPALITY: _____
ADULT CONTACT: _____
EMERGENCY CONTACT: _____
EMERGENCY PHONE #: _____
MEDICAL OR OTHER IMPORTANT INFORMATION: _____

PROGRAM TITLE: (June 16th – July 3rd) – (July 7th – July 25th) – (July 28th – August 15th)
LSRC SUMMER RECREATION PROGRAM LOCATED AT THE STRASBURG JAYCEE PARK

<u>PRESCHOOL PLAYTIME:</u> (9:15-11:45am)	<u>LSRC CAMP:</u> (9:00AM-12:00PM)	<u>ART/CRAFT CAMP</u>
T/TH: _____ M/W: _____	_____ Session 1 -- \$50 per session	June 16 – July 25
_____ Session 1 -- \$30 per session	_____ Session 2 -- \$50 per session	Tues and Thurs
_____ Session 2 -- \$30 per session	_____ Session 3 -- \$50 per session	930am – 11am
_____ Session 3 -- \$30 per session	_____ All Three Sessions -- \$130.00	\$40 _____
_____ All Three Sessions -- \$75		

FOR OFFICE USE

PAYMENT
TYPE OF CARD: CHECK #: _____ CASH: _____
VISA _____ MASTERCARD _____
DISCOVER _____ AMERICAN EXPRESS _____ 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: _____