

# SUMMER HOOPS - 2019

## ONLY ONE REGISTRANT PER FORM

1. Please fill out a separate form for each participant.
2. **CIRCLE** the Time/Age Group and the Cost.
3. Write the **TOTAL** cost on the space indicated.
4. Please complete the front and back of form.
5. Submit completed registration form along with payment (do NOT mail cash!) to:  
Loyalsock Township Recreation Department, 1607 Four Mile Drive, Williamsport, PA 17701.  
Registration will not be processed without **ALL** requested information, signature, and payment.
6. There is a \$10.00 fee to process any refund. All refunds must be approved by the Recreation Director.

### PARTICIPANT'S

NAME: \_\_\_\_\_  
(Last) PLEASE PRINT (First)

AGE ON 1<sup>ST</sup> DAY OF PROGRAM \_\_\_\_\_

Date: July 1 – August 9, 2019 Monday, Wednesday, Friday

### Circle the Time/Age Group and the Cost

Time: 8:30am - 10:00am Ages: 7 - 10  
10:30am - 12:00pm Ages: 11 - 14

Place: James Short Park

Cost: \$45.00 Resident \$55.00 Non-Resident

TOTAL: \_\_\_\_\_  
(36-367.350)

**PLEASE COMPLETE AND SIGN REVERSE SIDE!**

Office Use Only: Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

**PARTICIPANT'S INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

PHONE # home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

**MEDICAL INFORMATION**

List any physical condition, allergies, 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: \_\_\_\_\_

**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: \_\_\_\_\_

(or parent if under 18)