

SCUBA LESSONS - 2021

ONLY ONE REGISTRANT PER FORM

1. Please fill out a separate form for each participant.
2. **CIRCLE** the Session/Date 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 1ST DAY OF PROGRAM _____

DISCOVER SCUBA: This is your chance to be introduced to the sport of scuba under the supervision of certified instructors from Sunken Treasure Dive Shop.

Circle the Session/Date

Session/Date:	SESSION I: June 23, 2021	No Charge
	SESSION II: July 28, 2021	No Charge

Time: 6:00pm – 7:30pm

Place: Loyalsock Community Pool

SCUBA LESSONS: Continue your scuba experience with the pros from Sunken Treasure Dive Shop. Air tanks are provided. Participants are asked to provide their own mask, snorkel, and fins, and NOT to purchase new equipment until after the first class. Minimum class size is 3; Maximum class size is 10.

Circle the Session/Date and the Cost

Session/Date:	SESSION I: July 7 th , 12 th , 14 th , 19 th , 21 st , 26 th
	SESSION II: August 2 nd , 4 th , 9 th , 11 th , 16 th , 18 th

Time: 5:30pm – 7:45pm

Place: Loyalsock Community Pool

Cost: **\$150.00 Resident/Session** **\$160.00 Non-Resident/Session**

TOTAL:

(07-367.840)

(07-367-841)

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)