

LOYALSOCK COMMUNITY RECREATION CENTER AFTER SCHOOL PROGRAM REGISTRATION

ONLY ONE REGISTRANT PER FORM

1. **Please fill out a separate form for each participant.**
2. Please complete the front and back of form.
3. Submit completed registration form along with payment by check payable to:
Loyalsock Township, 1607 Four Mile Drive Williamsport, PA 17701. Do NOT send cash!
Registration will not be processed without **ALL** requested information, signature, and payment.
4. There is a \$10.00 fee to process any refund. All refunds must be approved by the Recreation Director.

FEE: \$255.00 DATES: August 30, 2021 – December 22, 2021 Form/Payment Due: July 30, 2021

PARTICIPANT'S INFORMATION

PLEASE PRINT

PARTICIPANT'S
NAME: _____ AGE ON 1ST DAY OF PROGRAM _____
(Last) (First)

DATE OF BIRTH: _____ GRADE: _____ MALE _____ FEMALE _____

ADDRESS: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

PARENT/GUARDIAN PHONE # Cell: _____ Home: _____ Work: _____

E-MAIL: _____

LIST THE NAMES OF PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD

ID must be shown to pick up child. Attach separate sheet of paper for additional names

RELATIONSHIP: _____

RELATIONSHIP: _____

Please circle normal days of attendance and write in pick-up times for each circled day:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

MEDICAL INFORMATION

List any physical condition, medication (prescription or otherwise) taken to treat it, and physical restrictions resulting from listed condition (no medication will be given by staff members during the program):

Condition: _____ Rx: _____ Restriction: _____

Condition: _____ Rx: _____ Restriction: _____

Allergies to food or medication: _____

List any other important information about your child that you feel we should know. _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE # Cell: _____ Home: _____ Work: _____

PLEASE COMPLETE AND SIGN REVERSE SIDE!

RELEASE AND ACKNOWLEDGMENT

In consideration of being permitted to participate in activities sponsored by the Township of Loyalsock and/or its

Recreation Board, I am aware of, acknowledge and agree to the following for _____:
(Participant's Name)

1. That such activities can result in injury to the participant and the participant's property.
2. That the participant is medically able, equipped and properly trained to participate in such activities.
3. That the participant shall abide by the decision of any official or representative of Loyalsock Township and/or its Recreation Board relating to their ability to participate safely in such activities.
4. That the participant shall abide by all rules and regulations for the activities in which they are participating.
5. That the participant and I are 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 the participant 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.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

ANYONE REGISTERING A NEW CHILD MUST GO ONLINE TO WWW.ltsd.k12.pa.us, OR GO TO THE LOYALSOCK TOWNSHIP SCHOOL DISTRICT OFFICE LOCATED AT 1605 FOUR MILE DRIVE, BY JULY 30, 2021, TO REGISTER THEIR CHILD TO RIDE THE BUS FROM SCHOOL TO THE PROGRAM STARTING AUGUST 30, 2021.

Office Use Only: Date Paid _____ Amount Paid _____ Check # _____ Receipt # _____