

# 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 31, 2020 – December 23, 2020      Form/Payment Due: July 24, 2020**

### PARTICIPANT'S INFORMATION

PLEASE PRINT

PARTICIPANT'S  
NAME: \_\_\_\_\_ AGE ON 1<sup>ST</sup> 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](http://WWW.ltsd.k12.pa.us), OR GO TO THE LOYALSOCK TOWNSHIP SCHOOL DISTRICT OFFICE LOCATED AT 1605 FOUR MILE DRIVE, BY JULY 24 2020, TO REGISTER THEIR CHILD TO RIDE THE BUS FROM SCHOOL TO THE PROGRAM STARTING AUGUST 31, 2020.

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