

REGISTRATION FORM (PLEASE PRINT LEGIBLY)

Participants Name _____ Male Female Age _____ Grade _____ School _____
Address _____ City _____ State _____ Zip Code _____
Municipality: White Twp. _____ Indiana Boro _____ Shelocta Boro _____ Armstrong Twp. _____ Other _____ (please name)
Home Phone: _____ Work Phone: _____ Alternate Phone: _____ Email: _____

PLEASE REGISTER ME FOR THE FOLLOWING PROGRAM: Those living outside of Indiana Area School District pay a \$10.00 out of district fee!

PROGRAM NAME

FEE

_____	_____
_____	_____
_____	_____

Are there any health conditions/problems we should know about? Yes No

If yes, please explain _____

PLEASE READ CAREFULLY

I UNDERSTAND THAT AS A PARENT OR GUARDIAN OF THE ABOVE PARTICIPANT, THAT INDIANA AREA RECREATION AND PARKS COMMISSION DOES NOT PROVIDE INSURANCE FOR ANY INJURIES TO PROGRAM PARTICIPANTS AND THAT INJURIES THAT OCCUR, WILL BE AT OUR OWN EXPENSE! I AGREE TO HOLD HARMLESS, INDIANA AREA RECREATION, WHITE TOWNSHIP, INDIANA BOROUGH, INDIANA AREA SCHOOL DISTRICT, HOLIDAY INN, IUP, S&T BANK ARENA AND EMPLOYEES AND HEREBY RELEASE THEM FROM ANY LIABILITY ON ACCOUNT OF INJURIES SUSTAINED IN ACTIVITIES.

_____ Make checks payable to: Indiana Area Recreation
Parent/Guardian/Adult Participant Signature (Required) Date 497A East Pike Road
Indiana, PA 15701

Office use only: Date rec'd _____ Mail _____ Walk-in _____ Check _____ Cash _____ Amount _____

