BOROUGH OF PERKASIE

Parks and Recreation

PROGRAM REGISTRATION FORM

	Participants Name	M/F	Age	Birth Date	Program Description	Fee	
Inform	nation is current in PerkasieRe	c.com sy	stem?	Yes N	o (if no please fill out	below)	
Addre	ss:	Ci	ty:		State/Zip:		
	Phone:						
Restric	ctions/Allergies/Medications:						
	s Name if under 18 (please pri						
	Email Address:						
	ent: Non-resident:						
	gency Contact (Name & Cell F		mber):				
The ur and Re	Harmless Agreement ndersigned participant and/or lecreation Department providing he/she has registered does her	g faciliti					
	Assume all risks and resp participation in said activ		-		age or injury involved throunish my own insurance in c		
	2. Request permission to participate in the activity with the full knowledge that said activity could result in damage or injury to myself/my child.						
	3. Agree to release, indemnify and hold harmless Perkasie Borough, its officers, agents, employees an assigns from liability for personal injury or property damage, including negligence, resulting from my participation in said activity.						
	4. In addition, I give permission to have a physician and/or emergency medical personnel treat or transport.						
	Participants Signature:(or Parent/Guardian if particip				Date:		
	(or Parent/Guardian if particip	ant is un	der 18 y	ears of age	Registration is invalid with	hout signature.	

FEES ARE NON REFUNDABLE.