

REGISTRATION FORM

Greater Elizabethtown Area Recreation & Community Services

Parent/Legal Adult Guardian Name

Name _____ Birthdate _____

Address _____ Email Address _____

City _____ Township/Boro: E-town Boro WDT MJT NR

Home # _____ Work # _____ Cell # _____

Emergency Contact Name _____ Phone # _____

Everyone listed here must reside at the same address otherwise use a separate form for each address.

Individuals must provide their own accident insurance.

Participant's Name	Birthdate	Sex	Program Title	Session/Class	Fee

Payment Method (Circle One) Visa MC Cash Check From Account

Credit Card Payment Authorization _____ Credit Card Number _____

Authorized Signature (as shown on credit card) _____ Expiration Date _____ Security Code _____

Liability Waiver & Release: As a condition of participation in any GEARS program, sports league, class, recreation or fitness activity, I agree as a participant or parent/guardian of a participant in the program, to assume all risks and hazards of engaging in a GEARS activity or facility, including assuming all risks for personal injury, death and property damage.

I agree to hold harmless GEARS, its staff, instructors, volunteers, officials, sponsors, partners or representatives from liability for any losses, damages or injuries that may occur as a result of my participation in these activities regardless of cause. I further agree that there is risk associated in regard to the COVID-19 pandemic and possible exposure as a participant.

I understand that by participating in a GEARS activity, I consent to photo and/or video images taken by GEARS staff during this activity to be used in any GEARS publications, reports and websites.

Acknowledgement of Understanding: I have read the above and understand the terms and conditions set forth in the liability waiver and release.

Participant Signature

Parent Signature (If Minor)