

**Marysville Borough Parks & Recreation
Program Registration Form**

Participant's Name: _____ Age: _____

Parent/Guardian's Name (for under 18): _____

Mailing Address: _____ City & Zip: _____

Day Phone #: _____ Evening Phone #: _____ Cell #: _____

Emergency Contact Person: _____ Emergency Contact Phone #: _____

Special Needs or Allergies: _____

When registering for more than (1) event/class/trip, you must write out separate checks for each.

Program Title: 8 Week Course – Introduction to Line Dancing

Check One:	How did you learn of the program (please check)
<input type="checkbox"/> Marysville Borough Resident	<input type="checkbox"/> Borough Newsletter
<input type="checkbox"/> I am a Non-Resident	<input type="checkbox"/> Newspaper
	<input type="checkbox"/> Flyer from School
	<input type="checkbox"/> Website (www.marysvilleboro.com)

Cost: \$40.00 Please make checks payable to Marysville Borough Parks & Recreation

Registration can be mailed to:

Marysville Borough, 200 Overcrest Road, Marysville, PA 17053
Phone #: (717) 957-3110, Fax #: (717) 957-4793

Participant's Waiver & Release

Hold Harmless Agreement: The UNDERSIGNED PARTICIPANT and/or his/her guardian, in consideration of the Marysville Borough, through their Parks & Recreation and with Capital Area Moose Lodge #107 who is providing the facilities, instruction, and supervision in the activity for which he/she has registered does hereby:

1. Request permission to participate in the activity with full knowledge that said activity could result damage or injury to me.
2. I/we state that there are no health-related reasons or problems which preclude or restrict me from participating in said activity.
3. Assume all risks and responsibilities of possible damage or injury through participation in said activity. I understand I am to furnish my own insurance in case of injury.
4. In the event I/we need medical care from Marysville Borough, the parent/guardian is asked to sign the consent form below. In case of a serious medical condition, Marysville Borough will make every effort to notify the parent/guardian, but the first priority is providing care to the participant.
5. Agree to indemnify and hold harmless the Borough and their departments and agents against liability for personal injury or property damage resulting from my participation in said activity.
6. I acknowledge that programs held through the Marysville Borough may be filled or may be cancelled due to lack of participation.
7. Agree that once the program deadline date has past, there will be NO refunds. If cancelled prior to the deadline, you will receive a refund, minus a \$10 administration fee.
8. If a check is written and returned for insufficient funds, a \$25 service fee will be charged.
9. I agree to allow Marysville Borough to use any photos taken at the activity for future Township publications.

Participants, Parents or Legal Guardian's Signature: _____ **Date:** _____

For Office Use Only: Date Received: ___/___/___ Received By: _____
Fee: \$ _____ Check #: _____ Cash Receipt: _____ Walk-In _____ Mail _____