

West Hanover Township Parks & Recreation Department 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"/> West Hanover Township Resident | <input type="checkbox"/> Township Newsletter  |
| <input type="checkbox"/> I am a Non-Resident            | <input type="checkbox"/> Newspaper  |
|   | <input type="checkbox"/> Flyer from School  |
|   | <input type="checkbox"/> Website ( <a href="http://www.westhanover.com">www.westhanover.com</a> ) |

**Cost:** \$45.00 Please make checks payable to West Hanover Township

Registration can be mailed to:

West Hanover Township, 7171 Allentown Boulevard, Harrisburg, PA. 17112  
Phone #: (717) 652-4841, Fax #: (717) 652-8158

***Participant's Waiver & Release***

Hold Harmless Agreement: The UNDERSIGNED PARTICIPANT and/or his/her guardian, in consideration of the Township of West Hanover, through their Parks & Recreation Board, providing facilities, instruction, and supervision in the activity for which he/she has registered does hereby:

- Request permission to participate in the activity with full knowledge that said activity could result damage or injury to me.
- I/we state that there are no health-related reasons or problems which preclude or restrict me from participating in said activity.
- 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.
- In the event I/we need medical care from West Hanover Township, the parent/guardian is asked to sign the consent form below. In case of a serious medical condition, West Hanover Township will make every effort to notify the parent/guardian, but the first priority is providing care to the participant.
- Agree to indemnify and hold harmless the Township and their departments and agents against liability for personal injury or property damage resulting from my participation in said activity.
- I acknowledge that programs held through the Township of West Hanover may be filled or may be cancelled due to lack of participation.
- 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.
- If a check is written and returned for insufficient funds, a \$25 service fee will be charged.
- I agree to allow West Hanover Township to use any photos taken at the activity for future Township publications.

**Parents (or Legal Guardian's Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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