SPRING GARDEN TOWNSHIP RECREATION
REGISTRATION FORM
(This form is not to be used for sports leagues)

Registrant's name_____
(Parent or legal garden if under 18) LAST FIRST

Address_____
STREET CITY ZIP CODE

Phone: Cell_____ Work_____

E-Mail_____ Other_____

PARTICIPANT	BIRTHDATE	SEX	PROGRAM TITLE	DATES	FEE

Make check payable to Spring Garden Township and mail to Spring Garden Township Recreation, 340 Tri Hill Rd., York, PA 17403

Waiver of liability: I, the above named candidate for participation in the above named activity, hereby, waive any claim for bodily injury or property damage against the Spring Garden Township, its agents, servants and/or employees while a participant in the above named activity.

I also permit Spring Garden Township to use any photographs or videos of me or my child(ren) for promotional purposes.

Signature:_____
Participant's signature or parent/legal guardian if under 18.