

Recreation Registration Form

WEST MANCHESTER TOWNSHIP PARKS & RECREATION DEPT

(Please print clearly: Separate Application required for each participant!)

"Please make checks payable to West Manchester Township!"

Participant's Name: _____ Home Phone: _____ Male or Female

Parent/Guardian's Name:(if applicable) _____

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

Address: _____ City/State: _____ Zip: _____

Municipality: _____ School: _____

Birth Date: _____ Age: _____ E-Mail: _____

ACCIDENT INFORMATION - Participation is at your own risk. Insurance coverage and transportation is the responsibility of the participant. In case of an emergency and I am not available please contact:

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Hospital Preference: (Check One) _____ York _____ Memorial _____ Hanover _____ Other

List any Physical Limitations/Disabilities or Allergies: _____

WAIVER RELEASE: I will, in no way, hold West Manchester Township or an affiliated organization responsible for any injury or accident that might occur to me or my child (if applicable) while participating in this activity.

Signature of Participant or Parent/Guardian (if applicable) _____ Date

_____ Art of a Different Color	\$75
_____ Yard Sales Spaces	# of Spaces _____ x \$20 each = _____
_____ Paint n'Go Christmas Gift	\$35
_____ First Aid/CPR Class	_____ 1st Aid/CPR (\$70) _____ CPR ONLY (\$60)
_____ Seniors Safe Driving Class	_____ \$15 with AARP# _____ \$20 w/o AARP# AARP# _____ _____ October 25 & 26 Class _____ November 16 & 17 Class

This form may be mailed or dropped off at the Township Office at:
West Manchester Twp
380 East Berlin Road,
York PA 17408
ltrimmer@wmtwp.com

For Office Use Only:
CK# _____ /\$ _____ CASH \$ _____ INV# _____ DATE: _____