

HEMPFIELD AREA RECREATION COMMISSION REGISTRATION FORM

Registrant's name _____
 Parent/Legal Guardian if under 18 _____ LAST _____ FIRST _____
 Address _____
 STREET _____ CITY _____ ZIP CODE _____
 Phone: HOME _____ WORK _____ CELL _____
 E-MAIL _____
 East Hempfield Township
 West Hempfield Township
 East Petersburg Borough
 Mountville Borough
 Hempfield Rec Center Member
 Non-resident of Hempfield School District

PARTICIPANT	BIRTHDATE	SEX	PROGRAM TITLE	CODE #	DATES	TIME	FEE

CONFIRMATIONS: HARC does not call to confirm registrations. You are accepted in the program unless otherwise notified. Once you sign up, it is your responsibility to attend the activity. No confirmations will be sent unless you provide a self-addressed, stamped envelope.



Fax with credit card number to (717) 898-2702.

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Make check payable to HARC and mail to:
 Hempfield Area Recreation Commission
 950 Church Street
 Landisville, PA 17538-1508

TOTAL FEE _____

Cardholder Name _____ Expiration Date _____

Signature: _____
 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 Hempfield Area Recreation Commission, its agents, servants and /or employees while a participant in the above named activity.
 I also permit the Hempfield Area Recreation Commission to use any photographs or videotape of me or my child(ren) for promotional purposes.

Signature: _____
 Participants' signature or parent/legal guardian if under 18 _____
T-shirt size (if required) _____