



recCenters of Lancaster County

Program Registration Form

Discover. Connect. Belong.

Parent's name: _____ Last name: _____ M.I. _____

Street address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Email: _____

I am a Lititz recCenter Member I am an Ephrata recCenter Member

Participant	Birthday	Program	Code #	Date	Time	Fee

Please note, you are accepted into the program unless notified.



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Cardholder Name: _____ Expiration: _____ CVV: _____

Signature: _____

Waiver of Liability: I, the above mentioned candidate for participation in the above activity, hereby waive any claim for bodily injury or property damage against Hempfield recCenter, its agents, servants and/or employees while a participant in the above named activity. I also permit Hempfield recCenter to use photographs and videos of me or my child(ren) for promotional purposes.

Signature: _____
Participant or parent/legal guardian if under 18 years of age.

TOTAL	
Less 10%	
Amount Due	

Make checks payable to
Hempfield recCenter
950 Church St
Landisville PA 17538

Credit card forms may be mailed, faxed, or sent as an email attachment.
Fax: 717-898-2702
info@hempfieldrec.com
Phone: 717-898-3102