



Hempfield recCenter Rec Kids

Discover. Connect. Belong.

Date of Rec Kids: _____ Cost: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Child's Name: _____ Age: _____ DOB: _____

Parent/Guardian Emergency Contact: (please print neatly)

Name: _____ Relationship: _____

Street: _____ Phone: (____) _____

City: _____ Zip Code: _____

Additional Emergency Contacts: (please print neatly)

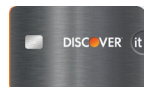
Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

Special Needs/Dietary Restrictions: _____

Payment Information:

Card #: _____



Exp. Date: _____ CCV#: _____ Billing Zip Code: _____

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.

Parent/Guardian Signature: _____ Email: _____

Please return this form to Joelle Scholl jscholl@hempfieldrec.com 717-898-3102 ext 133
Fax: 717-898-2702