

REGISTRATION FORM

This form may be duplicated. Use one registration form for each participant.

Please note that there are a maximum number of participants for each program. Full payment is due at the time of registration.

PARTICIPANT'S NAME _____ MALE FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

PARTICIPANT'S: BIRTH DATE _____ AGE _____ GRADE _____

PARENT'S NAME (if participant is under 18 years of age) _____

DAYTIME PHONE (_____) _____ EVENING/CELL PHONE (_____) _____

Please indicate any medical conditions (including pregnancy) that PTARC and/or the instructor should be aware of:

PLEASE CHECK
WHERE YOU LIVE:

- PENN TOWNSHIP
 PENN BORO
 MANOR
 TRAFFORD
 NON-RESIDENT

Check with your physician before beginning any exercise program. Handicapped assistance available upon request.

Program Name	Dates	Times	Location	Fee

*Adult participant signature required below. Parent signature required below for all participants under the age of 18.
The undersigned individual (parent or guardian if under age 18) represents that the registrant is in good health and can participate in the above listed activity and with prior knowledge of the physical nature of the activity releases Penn-Trafford Area Recreation Commission (PTARC), and Department, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees from any and responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian, or participant assumes all risks inherent in the activity and will hold the Penn-Trafford Area Recreation Commission and Department, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Penn-Trafford Area Recreation Commission to use photographs of the participant for the promotion of Penn-Trafford Area Recreation events and programs. The participant agrees to hold the Penn-Trafford Area Recreation Commission, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees free and harmless from liability of any nature.

ROUND UP for PTARC. Your donation helps fund programs.

Roster Receipt Number _____

*PARTICIPANT OR PARENT SIGNATURE DATE

Please make checks payable to: PTARC
Mail form(s) with payment to: PTARC
2001 Municipal Court
Harrison City, PA 15636
Phone Number:
724-744-2171 ext. 204 or 205
Fax Number:
724-744-2172

MasterCard, Visa & Discover accepted!

Credit Card Number: _____ Exp. Date ____ / ____

VISA MasterCard DISCOVER

By signing below I agree to pay PTARC for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for my town/city/state to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to *2.45% (*3.00 minimum) of the total amount being paid. Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.

X _____

(cardholder signature) After registering, plan on attending!
You will only be notified if the program is filled, postponed or canceled.

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