



PTARC
 2001 MUNICIPAL COURT
 HARRISON CITY, PA 15636
 (724) 392-4555

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** _____

E-MAIL ADDRESS _____

PARTICIPANT'S: BIRTH DATE _____ AGE _____ GRADE _____

PLEASE CIRCLE WHERE YOU LIVE: Penn Township Penn Boro Manor Trafford Non-Resident

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:

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

Program Name For Swimming include level desired	Start or Departure Date	Start or Departure Time	Location	Total Fee per Program
Roster <input type="checkbox"/> Receipt Number _____				

GOT A BUCK FOR PTARC? Add \$1 to your registration fee to help!

*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 all responsibility for illness including COVID or 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.

COVID -19 Waiver

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the **PENN TRAFFORD AREA RECREATION COMMISSION** Recreation program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Penn Trafford Area Recreation Commission, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

***PARTICIPANT OR PARENT SIGNATURE**

DATE

Please make checks payable to: Penn-Trafford Area Recreation Commission or PTARC

Mail form(s) with payment to: PTARC
 2001 Municipal Court
 Harrison City, PA 15636

Phone Number: 724.392.4555
Fax Number: 724-744-2172

After registering, plan on attending! You will only be notified if the program is filled, postponed or cancelled.

MasterCard Visa & Discover accepted!

X _____ (cardholder signature)

By signing above 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.*

Credit Card Number: _____ Exp. Date ____/____/____ MasterCard Visa
Discover