

Chambersburg Recreation Department Summer Boot Camp

Participant's Name			M	F	Grade	DOB		Age
Email Address	Phone							
Address	City				Zip			
Please Circle Township in which yo	u reside: Bo	oro Greene	Guilford	Ha	milton	Letterkenny	Lurgan	Other
Parent or Guardian Name:			Р	hone:				
Are there any medical conditions o	r medications	of which we sh	nould be aw	vare?	lf yes, pl	ease explain.		
		Waiver / Pe	rmission Sli	ip				
This form grants		(participant	's name) pe	ermiss	ion to pa	rticipate in the	e Chambei	rsburg
Recreation Department's						(Pleas	e list the r	name of the
session in which you wish participa	te). I am awar	e that this type	of recreat	ional	activity m	nay result in inj	jury. l (we) agree that
the Borough of Chambersburg, its	representative	es and/or other	organizatio	ons ar	nd individ	uals connecte	d with spo	nsoring or
conducting this event will not be h	eld liable for a	ny injury that r	nay occur.					
Parent or Guardian Signature				Date				
		Photo I	<u>Release</u>					
l,, giv	e my permissi	on to the Cham	nbersburg R	Recrea	ition Dep	artment to use	e photogra	phs of my
child or myself for the purpose of a	dvertising and	d promotion.						
Parent or Guardian Signature				Date				
Please circle the session(s) for whi		gistering:						
F.I.T Boot Camp	<u>Day:</u> T/TH	Date: 6/4-8/8	2		Time: 4:30-5:3	0 PM	Reg. Dea	adline: 1 ongoing
Cost per class: \$10 / \$9 Borough R Cost for 10 Class Pass: \$85 / \$80 B Cost for 20 Class Pass: \$160 / \$155	esident orough Reside	ent	,				5725 611	
H20 Boot Camp	Saturday	ys 6/8-8/1	LO		7-8 AM		6/3 and	ongoing
Cost per class: \$10 / \$9 Borough R Cost for 10 Class Pass: \$85 / \$80 B		ent						
*Sumn	ner Pass: F.I.T.	AND H20 Boot	t Camp Pas	is - \$2	35 / \$230	Boro Res.		
Return Form with Payment to: Cha	ambersburg R	ecreation Depa	rtment					

235 S. 3rd St., Chambersburg, PA 17201