



Chambersburg Recreation Department Cornhole Tournament at GearHouse Brewing Co.

Team Name _____

Player 1 _____ M ___ F ___ Age _____ DOB _____
 Email Address _____ Phone _____
 Address _____ City _____ Zip _____
 Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other
 In case of Emergency: Contact Name _____ Phone: _____
 Are there any medical conditions or medications of which we should be aware? If yes, please explain. _____

Waiver / Permission Slip

This form grants _____ (participant's name) permission to participate in the Chambersburg Recreation Department's Cornhole Tournament. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.
 Signature _____ Date _____

Photo Release

I, _____, give my permission to the Chambersburg Recreation Department to use photographs of myself for the purpose of advertising and promotion.
 Signature _____ Date _____

Player 2 _____ M ___ F ___ Age _____ DOB _____
 Email Address _____ Phone _____
 Address _____ City _____ Zip _____
 Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other
 In case of Emergency: Contact Name _____ Phone: _____
 Are there any medical conditions or medications of which we should be aware? If yes, please explain. _____

Waiver / Permission Slip

This form grants _____ (participant's name) permission to participate in the Chambersburg Recreation Department's Cornhole Tournament. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.
 Signature _____ Date _____

Photo Release

I, _____, give my permission to the Chambersburg Recreation Department to use photographs of myself for the purpose of advertising and promotion.
 Signature _____ Date _____

Please circle the session(s) in which you are registering:

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Cost/Team:</u>
Cornhole Tournament	Friday	5/24	Begins at 5:30 PM	\$15
	Friday	6/21	Begins at 5:30 PM	\$15
	Friday	7/26	Begins at 5:30 PM	\$15
	Friday	8/23	Begins at 5:30 PM	\$15

***You may register ahead of time at Rec Dept prior to date or register onsite at Gearhouse by 5 PM on date of tournament**

Return Form with Payment to: Chambersburg Recreation Department
235 S. 3rd St., Chambersburg, PA 17201