



Hamilton, Jackson, Pocono Park and Open Space Commission

2162 Route 715, P.O. Box 213, Reeders, PA 18352

Office (570)629-0966 Fax (570)629-1016

recmanager@hjpparks.org

www.hjpparks.org

Office Hours: 8am - 5pm (M-F)

Program Registration Form*

Please PRINT

Name: _____
(parent/legal guardian if participant is under 18)

Home Phone: _____

Address: _____

Work Phone: _____

City: _____ State _____ Zip _____

E-mail: _____ Check for future programs

Township: Hamilton _____ Jackson _____ Pocono _____ Other _____

Emergency Contact: _____

PARTICIPANT: Please provide information if it is different than above. _____

How did you hear about this program? (Circle one or print source) Newspaper Flyer Friend E-mail Website Previous Participant Other Source _____

Participant Name	M/F	Age/Birth date	Program Name	Fee**

* Acceptance of this request does **NOT** guarantee enrollment into a class. ** Cancellation fee of \$7.50 per person could apply.
 NOTE: Some classes are age specific. Classes may be cancelled/postponed due to lack of enrollment or weather.

<p>The undersigned is the Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that he/she understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and HJP Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, HJP Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The undersigned now releases HJP Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, the Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.</p> <p>_____ Signature (parent/legal guardian if participant is under 18)</p> <p>_____ Date</p>	<p>Include your voluntary donation to HJP Park and Open Space: \$1 \$5 \$10</p> <p>Other \$ _____</p>
	<p>Please make checks payable to: HJP Park and Open Space Include all fees & donations</p> <p>Total: \$ _____</p>