

# Program Registration Form

PARTICIPANT FIRST NAME \_\_\_\_\_ PARTICIPANT LAST NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CELL PHONE PROVIDER \_\_\_\_\_  
(THIS ALLOWS US TO SEND TEXT ALERTS FOR CANCELLATIONS)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRIMARY CONTACT (PARENT/GUARDIAN) \_\_\_\_\_ DOB (PARENT/GUARDIAN) \_\_\_\_\_

HEALTH PROBLEMS \_\_\_\_\_ GENDER:  MALE  FEMALE

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

RESIDENCY:  CITY OF LATROBE  GLSD  OTHER \_\_\_\_\_



Program Name	Session	Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If you register after the deadline, please add \$5 \$ \_\_\_\_\_

Would you like to donate to Parks & Recreation? Help us help others! Thank You! \$ \_\_\_\_\_

Would you donate to our "Park Development Fund" Help us keep our parks clean, modern and safe! \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Shirt Size: Child / Adult Small  Med  Large  XL  XXL  (please add \$2 for XXL)

Short Size: Child / Adult Small  Med  Large  XL  XXL  (Shorts for In-House Soccer ONLY)

Release: I, in consideration of my (or my child's) participation in this activity, hereby release Greater Latrobe Parks & Recreation, the City of Latrobe, the Greater Latrobe School District (at any location) and any individual connected herewith from any and all property damage or liability arising from accident, injury or illness suffered as a result of participation in this activity. I also permit the use of any photographs and videotape of me or my children for promotional purposes. The parent, guardian or participant assumes all risks inherent in the activity and will hold Greater Latrobe Parks & Recreation, its affiliates, directors and employees harmless from any participant claims or causes of action that may arise from this activity and free and harmless from liability of any nature.

X \_\_\_\_\_ Signature (Parent/Guardian if under 18)

## PAYMENT INFORMATION

Date \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Billing Street Address \_\_\_\_\_

V-Code (3 Digits on back of the card) \_\_\_\_\_ Signature \_\_\_\_\_

Greater Latrobe Parks & Recreation • P.O. Box 307, Latrobe, PA 15650  
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