

PRSRRT STD  
U.S. POSTAGE  
PAID  
PERMIT #129  
INDIANA, PA 15701

Indiana Area Recreation  
9 North 9th Street  
Indiana, PA 15701

**PROGRAM REGISTRATION FORM-FALL 2005 (PLEASE PRINT LEGIBLY)**

Participant's Name \_\_\_\_\_ ( ) Male ( ) Female Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Municipality: White Twp. \_\_\_\_\_; Indiana Boro. \_\_\_\_\_; Shelocta Boro \_\_\_\_\_; Armstrong Twp. \_\_\_\_\_ Other \_\_\_\_\_ (Please name)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**PLEASE REGISTER ME FOR THE FOLLOWING PROGRAMS:** Those living outside of Indiana School District pay a \$10.00 out of district fee!

**RECREATION PROGRAM NAME**

**FEE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shirt Size (when applicable) Adult Sizes: ( ) Sm ( ) Med ( ) Lg ( ) XL

Are there any health conditions/problems we should know about? ( ) Yes ( ) No

If yes, Please explain \_\_\_\_\_

**PLEASE READ CAREFULLY!**

***I UNDERSTAND THAT AS A PARENT OR GUARDIAN OF THE ABOVE PARTICIPANT, THAT INDIANA AREA RECREATION & PARKS COMMISSION DOES NOT PROVIDE INSURANCE FOR ANY INJURIES TO PROGRAM PARTICIPANTS AND THAT INJURIES THAT OCCUR, WILL BE AT OUR OWN EXPENSE! I AGREE TO HOLD HARMLESS, INDIANA AREA RECREATION, WHITE TOWNSHIP, INDIANA BOROUGH, INDIANA AREA SCHOOL DISTRICT, HOLIDAY INN, IUP, INDIANA ICE & EXPO CENTER AND EMPLOYEES AND HEREBY RELEASE THEM FROM ANY LIABILITY ON ACCOUNT OF INJURIES SUSTAINED IN ACTIVITIES.***

\_\_\_\_\_  
Parent/Guardian/Adult Participant Signature (Required)

\_\_\_\_\_  
Date

Make Checks payable to: **Indiana Area Recreation**  
**Nine North 9<sup>th</sup> Street**  
**Indiana, PA 15701**

Office use only: Date rec'd \_\_\_\_\_ Rec'd. by \_\_\_\_\_ Mail \_\_\_\_\_ Walk-in \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_

