



York City Recreation & Parks Bureau Program/Activity Registration & Liability Form



Please complete a form for each participant in ink. Please print clearly.

C. Kim Bracey, Mayor
Chaz A. Green, Acting Director
Registration/Program Questions Call: 717.854.1587 or e-mail Hugh Ortner @ hortner@yorkcity.org
www.yorkcity.org

PROGRAM/ACTIVITY NAME: _____

REGISTRANT INFORMATION

Name of Participant: _____
 Sex: _____ Age: _____ Date of Birth: _____
 E-mail: _____ Phone: () _____
 Address _____
 City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION (If under 17)

Name: _____ Relationship: _____
 E-mail: _____ Primary Phone: () _____
 Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT PERSON INFORMATION

1) Name: _____ Relationship: _____
 Address _____ Primary Phone: () _____
 2) Name: _____ Relationship: _____
 Address _____ Primary Phone: () _____

EMERGENCY MEDICAL AID INFORMATION



Participant must self-administer any necessary medication under staff supervision. Staff will not give medication.
No child will be allowed to use medication unless stated on this form.

Name of Family Physician: _____ Phone: _____
 Name of Dentist: _____ Phone: _____
 Health Insurance Company: _____
 Policy/Group #: _____
 Policy listed under whose name _____
 Medication? Yes No
 If Yes - What/For/Dosage (how much)? _____
 How often? _____ Any allergies? _____ If so, what? _____

❖ Please see back page for additional information AND signature. ❖

Liability/Photo/Video Release

Assumption of Risk and Release of Liability. Certain risks are inherent in any hiking activity. Each participant agrees to accept personal responsibility for his/her safety, and the safety of minors accompanying such persons. The City of York cannot ensure the safety of any participant of hikes or activities. Each participant agrees to hold harmless and free of blame the hike or activity leader and the City of York, its officers, directors, staff, employees, administrators, volunteer s, or other participants for any accident, injury, or illness which might be sustained from participating in this City of York Program. I agree that I am solely responsible for my own equipment, safety, and first aid needs. This Program and other activities may involve strenuous physical activity and certain risks. I certify that I am physically fit and have not been advised otherwise by a qualified medical person.

I will and do hereby assume the above-mentioned risks and will hold harmless the City of York, its officers, directors, staff, employees, administrators, or volunteers from any and all liability and claims of every kind and nature whatsoever, which may arise from or in connection with my participation in the Rocky Ridge Hike. This release is binding on me, my heirs, and my personal representative.

I hereby grant permission for the City of York to use still and video photographs of my child participating in activities at different visiting locations. I also understand the risk and release the City of York, its officers, directors, staff, employees, administrators, or volunteers from any injury that may occur during travel to the location of this program.

I DO HEREBY CERTIFY BY MY SIGNATURE THAT I HAVE READ, DO UNDERSTAND AND DO AGREE TO THE ABOVE-MENTIONED TERMS.

Print (ink) _____ Signature (ink) _____ Date _____

****Office Use Only****

Total Amt. Paid \$ _____ Date Paid _____

Receipt No. _____ Initials _____

Cash \$ _____ Check \$ _____ Check No. _____