



PTARC
 2001 MUNICIPAL COURT
 HARRISON CITY, PA 15636
 (724) 744-2171 x 204

Registration Form

This form may be duplicated. Use one registration form for each participant.
 Please note that there are a maximum number of participants for each program.
 Full payment is due at the time of registration.

PARTICIPANT'S NAME _____ MALE FEMALE

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

PARTICIPANT'S: BIRTH DATE _____ AGE _____ GRADE _____

PLEASE CIRCLE WHERE YOU LIVE: Penn Township Penn Boro Manor Trafford Non-Resident

PARENT'S NAME (if participant is under 18 years of age) _____

DAYTIME PHONE (_____) _____ EVENING/CELL PHONE (_____) _____

Please indicate any medical conditions (including pregnancy) that PTARC and/or the instructor should be aware of:

Check with your physician before beginning any exercise program. Handicapped assistance available upon request.

Program Name For Swimming include level desired	Start or Departure Date	Start or Departure Time	Location	Total Fee per Program
Roster <input type="checkbox"/> Receipt Number _____				

GOT A BUCK FOR PTARC? Add \$1 to your registration fee to help!

*Adult participant signature required below. Parent signature required below for all participants under the age of 18.

The undersigned individual (parent or guardian if under age 18) represents that the registrant is in good health and can participate in the above listed activity and with prior knowledge of the physical nature of the activity releases Penn-Trafford Area Recreation Commission (PTARC), and Department, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees from any and all responsibility for injury to the registrant through negligence or otherwise while he/she is participating in the activity. The parent, guardian, or participant assumes all risks inherent in the activity and will hold the Penn-Trafford Area Recreation Commission and Department, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees harmless from any and all claims or causes of action that may arise from this activity. The undersigned individual also hereby gives permission to Penn-Trafford Area Recreation Commission to use photographs of the participant for the promotion of Penn-Trafford Area Recreation events and programs. The participant agrees to hold the Penn-Trafford Area Recreation Commission, the Penn-Trafford School District, the Borough of Manor, the Borough of Penn, the Borough of Trafford, Penn Township, and/or its affiliates or subsidiaries, officers, directors, agents, or employees free and harmless from liability of any nature.

*PARTICIPANT OR PARENT SIGNATURE _____ DATE _____

Please make checks payable to: Penn-Trafford Area Recreation Commission or PTARC
 Mail form(s) with payment to: PTARC
 2001 Municipal Court
 Harrison City, PA 15636
 Phone Number: 724-744-2171 ext. 204 or 205
 Fax Number: 724-744-2172

After registering, plan on attending! You will only be notified if the program is filled, postponed or cancelled.

MasterCard Visa & Discover accepted!

X _____ (cardholder signature)
 By signing above I agree to pay PTARC for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for my town/city/state to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to *2.45%(\$3.00 minimum) of the total amount being paid. *Nationwide Payment Solutions is an authorized Level 1 PCI-DSS third party processor of regulated convenience fees.*

Credit Card Number: _____ Exp. Date ____/____/____ MasterCard Visa Discover