



15 Day Street, East Stroudsburg, PA 18301

Call 570-426-1512 Fax 570-426-1839 Visit www.srosrc.org

Program Registration Form

Parent(s)/Guardian(s) Information

Parent(s)/Guardian(s) _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Municipality E. Stbg Borough Stbg Borough Stroud Township Other _____

Participant(s)

Name	D.O.B.	Medical Needs/Special Conditions
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact

Name	Phone	Email
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_____	_____	_____
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Program Title	Starting Date	Fee
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_____	_____	_____
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Payment

Total Program Fees (make check payable to SROSRC) _____

Amount Paid _____

Date Paid _____

Payment Type _____

Notice of Risk and Liability Release

1. I hereby give my permission for myself/my child to participate in Stroud Region Open Space and Recreation Commission "SROSRC" program/activity.
2. I attest that myself/my child is in good health and in proper physical condition to participate in the program/activity. Further, I agree that I will notify the staff immediately should my child's health condition change at any time during the activity or program.
3. I understand, and acknowledge that any and all rules, guidelines, and safety procedures given by the staff of "SROSRC" are established for the safety and protection of all participants, including myself/my child. I agree, on behalf of myself and my child, that we will comply with all rules and policies established by "SROSRC" and will obey all staff, employees and assistants, of SROSRC. I recognize, understand, and acknowledge that participation in "SROSRC" activity/program involves risk and danger of serious bodily injury, permanent disability, paralysis and death.
4. I acknowledge that "SROSRC" prohibits the use of controlled substances, tobacco products, alcoholic beverages, and possession of weapons at any of "SROSRC" locations. Failure to comply with these restrictions will result in immediate dismissal of you/your child from "SROSRC" activity/program with no refund.
5. I recognize that failure to comply with the rules and guidelines may result in immediate dismissal from the activity/program.
6. The staff and/or sponsors have my permission to photograph my child. I understand that these photographs may be used in promotional brochures, flyers, or news releases.
7. In consideration of participation by my child/self in the activity/program I, the under-signed, on behalf of myself and my minor child, do hereby release, discharge, and covenant not to sue SROSRC, its directors, service providers, members, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of SROSRC, including negligent rescue operations. I further agree that if, despite this Release, I, the minor, or anyone on the minors behalf makes a claim against SROSRC, I will indemnify, save, and hold harmless SROSRC from any litigation expenses, attorney fees, loss, liability, damage, or any costs that may incur as the result of any such claim.

Program Refund Policy

All refunds must be requested at least ten (10) days before the start of the program; no refunds will be issued after this deadline. Refunds will be processed within 30 days of request. A \$10 service charge will be assessed on all refund requests. A full refund will be issued if the Commission cancels a program.

Agreement

I have read and agree to the above

_____ Signature

_____ Date