



Chambersburg Recreation Department Virtual Family Feud

Participant's Name _____ M ____ F ____ Grade _____ DOB _____ Age _____

Email Address _____ Phone _____

Address _____ City _____ Zip _____

Please Circle Township in which you reside: Boro Greene Guilford Hamilton Letterkenny Lurgan Other

Parent or Guardian Name: _____ Phone: _____

Are there any medical conditions or medications of which we should be aware? If yes, please explain.

Waiver / Permission Slip

This form grants _____ (participant's name) permission to participate in the Chambersburg Recreation Department's Virtual Family Feud. I am aware that this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representatives and/or other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury that may occur.

Parent or Guardian Signature _____ Date _____

Photo Release

I, _____, give my permission to the Chambersburg Recreation Department to use photographs of my child or myself for the purpose of advertising and promotion.

Parent or Guardian Signature _____ Date _____

	<u>Day:</u>	<u>Date:</u>	<u>Time:</u>	<u>Reg. Deadline:</u>
Virtual Family Feud	F	2/19	Begins at 7 PM	2/15

Cost: \$7 / \$5 Borough Resident

Registration Policy Updated 1/5/21

- *During the time of COVID-19, all program registrations will be processed. If your child is no longer able to participate in this program, except in the event of a personal medical-related issue and a doctor's note is provided, we will provide an account credit for another Recreation program. In the circumstance of a personal medical-related issue with a doctor's note, should you wish to receive a refund, this request will be honored. _____ (Initial)*

Return Form with Payment to: Chambersburg Recreation Department
235 S. 3rd St., Chambersburg, PA 17201