

# WARC COURSE REGISTRATION FORM

## Winter 2017 / Spring 2018



Participant's Name \_\_\_\_\_  
LAST NAME FIRST NAME

Parent/Legal Guardian (if participant is under age 18) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Email Address \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant's Name	Birthdate	Gender	Program Name and Location	Fee

**Resident of:**  Windsor Township  Windsor Borough  Other  
SUB TOTAL \$ \_\_\_\_\_  
Your tax-deductible donation to youth scholarship program \$ \_\_\_\_\_  
For credit card payments, add \$2 convenience fee \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
**TOTAL FEE \$ \_\_\_\_\_**  
**Make checks payable to WARC.**

Please list allergies, medications or dietary info: \_\_\_\_\_  
T-shirt size (if applicable): \_\_\_\_\_

**Please consider Youth Scholarship Program Donations.** By giving an extra \$5, \$10 or \$25, you can provide a child in your community with an opportunity they'll cherish.

WAIVER OF LIABILITY: I, the above-named candidate, in the above-named activity, hereby waive any claim for bodily injury or property damage against the Windsor Area Recreation Commission, its agents, servants and/or employees while a participant in the above-named activity. In addition, I give permission for my photograph to be used for promotional purposes.

Signature (participant or parent/legal guardian if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Registration forms can be mailed or dropped off to:**  
**WARC**  
1480 Windsor Road  
Red Lion PA 17356

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Resident	<input type="checkbox"/> NR
Pay Method	_____
Amt Paid \$	_____
Date	___/___/___
Received by	_____

VISA  MasterCard  Discover

Acct # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ CW \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_