

Recreation Department

Guy Shaul, Superintendent of Recreation
Julie L. Redding, Asst. Supt. of Recreation

Youth Sports Emergency Information

Please return this form to the coaches. Coaches should keep this information with them at all times.

Players Name _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____ Grade _____ Age _____ Birthdate _____

Please circle township in which you reside:

Borough Greene Guilford Hamilton Letterkenny Lurgan Other

Allergies _____

Any other medical condition of which we should be aware: _____

Parent/Guardian's Name _____

In the event of an emergency, please contact the following individuals:

1. Name _____ Phone before 5:00 p.m. _____ after 5:00 p.m. _____

2. Name _____ Phone before 5:00 p.m. _____ after 5:00 p.m. _____

In the event of an emergency we will first attempt to contact parents/guardians and then the persons listed as emergency contacts. If any of the above listed persons cannot be reached, we will then seek ambulance attention at our discretion.

Parent/Guardian's Signature _____ Date _____

Coaches please cut off and return this lower portion to the Recreation Department at time of registration.

Participant's Permission Slip and Parents' Pledge of Conduct

This form grants _____ (player's name) permission to participate in the Chambersburg

Recreation Department's _____ (name program). I am aware that participation in this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

I have read and understand the principles of S.C.O.R.E. and pledge to adhere to the standards set forth by the Recreation Department thus helping to provide a great sports experience for my child.

Signature of Parent/Guardian _____ Date _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Email Address _____

Circle Residency: Boro Guilfd Green Hamltn Letrkny Lrgan Other

_____ M _____ F _____

Team Name _____ Grade _____ Date-of-Birth _____ Age _____

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