

## **REGISTRATION FORM**

NAME

ADDRESS

TOWN \_\_\_\_\_ ZIP

PHONE

LOCATION OF ACTIVITY

ACTIVITY CHOICE

AGE

## **RELEASE FORM**

*I, the undersigned, hereby release, absolve, identify and hold harmless the Norristown Borough, Norristown Borough Officials, the Recreation Supervisor, his staff any or all of them of an injury sustained or caused as a result of my son or daughter \_\_\_\_\_, of his or her participation in the Borough Recreation Program. I hereby waive all claims against the sponsors of Norristown's Borough's Recreation Program, the Recreation Supervisor or any supervisor or instructors by them.*

Parents Signature

Date

MAIL TO: NORRISTOWN RECREATION

235 E. AIRY STREET

NORRISTOWN, PA 19401