



Recreation Department

Guy E. Shaul, Supt. of Recreation

Julie L. Redding, C.P.R.P. Asst. Supt. of Recreation

T-SHIRT ORDER - \$7.75

(ADD \$1.00 for below X sizes)

(Circle Please) SIZE YS YM YL YXL AS AM AL AXL AXXL AXXXL

Youth Sports Emergency Information

If you are willing to COACH - YES or ASSIST - YES (please circle)

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 _____

Participant's Permission Slip and Parents' Pledge of Conduct

This form grants _____ (player's name) permission to participate in the Chambersburg Recreation Department's _____ Elementary Soccer _____. 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: Borough Guilford Greene Hamilton Letterkenny Lurgan Other

CVCS

M _____ F _____

Team Name _____

Grade _____

Date-of-Birth _____

Age _____

Check One

235 South Third Street, Chambersburg, Pennsylvania 17201

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