



Eastern York Area Recreation Commission

PLEASE CHECK ONE:

- Lower Windsor Twp resident
- East Prospect resident
- Yorkana resident
- Non-resident of EYARC

Program Registration Form

Participant's Name _____ Date _____

LAST NAME FIRST NAME

Parent/Legal Guardian if participant is under age 18) _____

LAST NAME FIRST NAME

Address _____

STREET CITY ZIP CODE

Phone # _____ Email _____

Emergency Contact _____ Phone # _____ Relationship _____

Participant's Name	Birthdate	Sex	T-shirt Size*	Program & Location	Fee

*If applicable

Please list allergies, medications or dietary info: _____

Please charge my VISA / Mastercard (please circle one):

Account No. _____

Expiration Date _____

Signature of cardholder _____

A check in the amount of \$ _____

payable to EYARC is enclosed

WAIVER OF LIABILITY: I, the above-named candidate for participation in the above-named activity, hereby waive any claim for bodily injury or property damage against the Eastern York 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.

MAIL TO:
Eastern York Area Recreation Commission
113 Walnut Valley Court
Wrightsville, PA 17368

Phone: 717-246-8155
 www.eyarc.org
 EYARC@comcast.net

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