

WEST NORRITON RECREATION REGISTRATION FORM

PROGRAM NAME _____

Participant Name _____

Age _____

Address _____

Date of Birth _____

City _____ State _____ Zip _____

Grade _____

Home Phone # _____

School _____

Work No: _____

Male Female

Cell/Other _____

Resident Non-Resident

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Special considerations for trips/programs: _____

E-mail Address: _____

_____ Date: _____

(Parent/Guardian Signature)

Full excess-eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. You must submit the claim to your primary insurance carrier before the insurance carrier can compute payment.

****A \$25.00 Fee will be assessed for all checks returned by your banking institution****