

Blairstown Department of Recreation  
Registration Form

This form may be used for in person registration, mail-in registration  
or drop off box. Please use on form per participant, per program.

---

Program\_\_\_\_\_ Participant\_\_\_\_\_

Address\_\_\_\_\_ Telephone\_\_\_\_\_

Age (if under 18)\_\_\_\_\_ Grade\_\_\_\_\_ Adult (check)\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Telephone\_\_\_\_\_

Session\_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Medical Info if Applicable\_\_\_\_\_

I am aware that Blairstown Township Recreation Department does not provide accident insurance. I agree to hold harmless the Township, staff, and volunteers from any liability for any injury which may occur while participating in this program. I also give my permission for the Blairstown Department of Recreation to make a non-commercial use of any activity photographs or video of my child/myself.

Signature\_\_\_\_\_ Date\_\_\_\_\_