



**PROGRAM REGISTRATION AND WAIVER FORM**

One participant per registration form required

**Program Participant Information:**

Age \_\_\_\_\_

Name \_\_\_\_\_ Sex: M F Date of birth: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's phone (If under 18) (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

E-mail address \_\_\_\_\_ Township/Borough: \_\_\_\_\_

(Note: For use by SECA only. Email addresses will not be shared.)

NAME OF PROGRAM	PARTICIPANT'S NAME	FEE \$	START DATE

*\*Fees must be paid prior to participation. Absence from a program does not reduce the cost; therefore a credit or refund cannot be given for absences. Refunds are given ONLY if SECA cancels a program or with a doctor's excuse. Make all checks payable to SECA PO Box 67 Quarryville, PA 17566. (Return Check Fee of \$30.00)*

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

(Parent/Legal Guardian if under 18)

All participants (and their parent/legal guardian if participant is under age 18) must also review and sign the attached liability waiver and release.

**Emergency contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

*Office Use Only:*

Registration confirmed \_\_\_/\_\_\_/\_\_\_ Amount. \$ \_\_\_\_\_ Paid \_\_\_\_\_ Staff Initials \_\_\_\_\_

Waiver Received: \_\_\_/\_\_\_/\_\_\_ Circle One: Cash Check# \_\_\_\_\_ Credit Card Online

**Southern End Community Association – Recreation Program Participant  
Liability Waiver and Release for Recreation Programs**

In consideration for being permitted to use Southern End Community facilities and/or the Southern End Community Pool and/or participate in Southern End Community Association-sponsored programs, I agree, for myself and/or for any minors in my care, to fully and completely release Southern End Community Association, its officials, employees, boards, departments, agents and affiliated entities from any and all claims, liabilities or actions for any personal injuries to me, personal injuries to minors in my care and/or any loss or damage to my personal property or the personal property of any such minors arising from our use of Southern End Community Association facilities or participation in Southern End Community Association-sponsored activities and programs.

I understand that recreational activity is associated with an increased risk of traumatic injuries including but not limited to facial injuries, broken bones, and concussion and in rare cases, death.

I certify that to the best of my knowledge, I and/or any minors in my care are healthy enough to participate in the recreation program sponsored by the Southern End Community Association.

I understand that no health and/or accident insurance is provided by the Southern End Community Association. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible at any sole cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

I hereby give Southern End Community Association’s staff permission to secure emergency medical care for minors in my care who may suffer an injury or illness while in the temporary care of their representatives.

I agree, for myself and/or for any minors in my care, to comply with all Southern End Community Association rules and regulations, including any rules and regulations governing any programs for which I, and/or any minors in my care, have registered, and understand and agree that noncompliance with any such rules and regulations by me, or any minors in my care, may result in termination of the privilege to use Southern End Community Association facilities and/or participate in Southern End Community Association sponsored activities and programs. In the event of such a termination for cause, I understand that I will not be entitled to be reimbursed for any registration fees.

I further agree, for myself and/or for any minors in my care, that I will furnish a certified birth certificate or proof of birth upon request by Southern End Community Association, as may be required for participation in Southern End Community Association activities and programs.

I grant the right to use my/our name, image, photograph and video, including composite or modification, representations in publications, brochures, newsletters, reports, website and any other material relating to Southern End Community Association recreational programs, activities and facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image.

Intending to be legally bound hereby, and with full authority, I acknowledge, agree to and accept the terms of this Liability Waiver and Release on behalf of myself and/or on behalf of any minors in my care.

**I have read the above and fully understand that by signing it I am giving up substantive legal rights, and I sign it freely and voluntarily.**

Participant Name (Print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If participant is under age 18

Parent/Guardian’s Name (Print): \_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_