SECA REC

"Life is simple - Eat, Sleep, PLAY!"

SECA Program Registration Form

Name of Program:_____

Date of Program: (beginning date)_____

Registration Fee Amount: $_____ Check Enclosed : Y____ N____

Credit Card Number: _____ Expiration Date:_____

Name of Participant:_____ DOB: _____

Home Address:_____ Jersey/Tee size circle below:

YS YM YL YXL AS AM AL AXL AXXL

Youth sizes Adult sizes

City:_____ State:_____ Zip:_____

Home Phone:_____ Work/Cell Phone: _____

Email Address:_____

(Information provided is for the use of S.E.C.A. and its program providers.
S.E.C.A. does not sell or share any of the information provided.)
*Fees MUST be paid prior to participation. Registration fees are non-refundable except in the case of program cancellation by S.E.C.A. or the program provider.
** Please make checks payable to SECA. There is a fee imposed on returned checks

PERMISSION SLIP AND HOLD HARMLESS AGREEMENT

The Southern End Community Association and its staff are committed to providing high quality programs that are safe and that maximize the enjoyment one received from participation. Recreation activities, by their very nature, may present circumstances that place the person(s) in or at the activity at some risk of injury. The potential of injury varies significantly depending on the type of activity and the intensity of involvement. Any person wishing information on the potential of injury in any activity is encouraged to make contact with SECA at 717-806- 0123.

(For adult participants) In exchange for the benefits derived by my participation in the SECA activity: (See paragraph below)

(For minor participant) **NAME OF MINOR:**_____ has my permission to participate in the above-referenced program (s). In exchange for the benefits derived by my child's participation in the SECA activity: (See paragraph below)

I HEREBY AGREE TO INDEMNIFY AND HOLD SECA HARMLESS for all liability from whatever source excepting only intentional torts on the parts of its agents, or employees. Such indemnification agreement applies equally to Boards of Directors, officers, agents and employees of the Southern End Community Association.

(Signature) _____ (Print Name) _____ Date: _____

Relationship to above minor: _____

Need more information about classes or programs?
Visit our website www.secarec.com or call 717-806-0123