



Program Registration Form

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Adult Name: _____
Home Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: () _____ **Work Phone:** () _____
Email Address: _____ **Township/Borough:** _____

** Fees must be paid prior to participation. Absence from a program does not reduce the cost; there fore a credit or refund cannot be given for absences. Refunds are given ONLY if SECA cancels a program. The SECA Director must approve any Credits for medical reasons.*

NAME OF PROGRAM	PARTICIPANT'S NAME	AGE	FEE S	START DATE
Subtotal				
3% Service Fee for Credit Card Transactions (Subtotal X .03)				
TOTAL				

Need information about classes?
Just call (717) 806-0123 Monday-Friday, 9 am-1 pm

Make check payable and mail to:
SECA
 P.O. Box 67
 Quarryville, PA 17566

Please charge to my credit card:



VISA - - - Exp. Date _____



MASTERCARD - - - Exp. Date _____

Signature (Required) _____ **Date** _____

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 receives 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: _____