

FELLOWSHIP HOUSE OF CONSHOHOCKEN
PROGRAM REGISTRATION AND CONSENT FORM

Program: _____

Participant's NAME: _____

AGE: _____ **Date of Birth:** _____

ADDRESS: _____

PHONE #: _____

PARENTS PHONE NUMBER(S) DURING ACTIVITY:

HOME: _____ **WORK:** _____

PERSON OTHER THAN PARENT TO CONTACT IN EVENT OF EMERGENCY:

NAME: _____

ADDRESS: _____

PHONE # _____

MEDICAL/PHYSICAL LIMITATIONS (PLEASE LIST BELOW):

I give permission for my child _____ to participate in an activity at the Fellowship House of Conshohocken. I/We, the undersigned, hereby release, absolve, indemnify and hold harmless the Fellowship of Conshohocken and the Borough of Conshohocken, its employees and Directors from all liability for any and all actions resulting in personal injury and property damage due to participation in a Fellowship House activity.

By signing below I also understand that the Fellowship House of Conshohocken does not carry medical/injury insurance in the event of injury during any athletic practices or athletic games sponsored by the Fellowship of Conshohocken/

SIGNATURE OF PARENT/GUARDIAN

DATE

Contact Darlene Hildebrand

PHONE # 610-828-3266