Salisbury Recreation Advisory Committee is hosting an:



** Must Register by April 10 **
Please return registration form to Salisbury Township Building

This event is not endorsed by Salisbury Township School District

2019 SALISBURY TOWNSHIP EASTER EGG HUNT April 13, 2019 – 10:00 AM

REGISTRATION FORM

Children ages 3 - 10. Submit one form per child.

CHILD'S NAME:(Please			M F D.O	O.B:
(Please (AGE)	Print)			
ADDRESS:				
Street		City	State	Zip
RESIDENT OF SALISBURY TO	OWNSHIP: YES	NO		
PARENT/LEGALGUARDIAN N	IAME:			(Emergency Phone #)
Day Phase		V	Cell Phone	(<u></u>
Day Phone	_	Evening Phone		
Email:				
PLEASE LIST ALL ALLERGIES	S:			
PLEASE LIST ANY MEDICAL ABOUT:		-		
In consideration of allowing my consideration of allowing my constant release, waive, discharge and employees, from all liability from a confideration or resulting in death of the name	d covenant not to sue Tow any and all loss or damage d participant except in the lts, its agents and/or em	ticipate in activities as inship of Salisbury, its e and any claim or den case of gross or willfu ployees or otherwise,	sociated with the Salisbu Parks and Recreation Denands thereof on accoun Il wanton negligence of the	EFMENT Try Township Easter Egg Hunt, I/we epartments, and/or its agents and/or to finjury to the person or property the Township of Salisbury and/or its cipant participates in the Salisbury
all liability, loss or damage, include Parks and Recreation Departmen costs, as a result of claims, dema and/or employees on account of in	ling but not limited to, bo ts, its agents and/or emp nds, costs or judgments a njury to the person or pro e Township of Salisbury, it	dily injury, illness, dea ployees become legally against the Township of perty or resulting in th	th or property damage of obligated to pay include of Salisbury, its Parks and a death of the named page 1	nts and/or employees from any and which the Township of Salisbury, its ling reasonable attorney's fees and d Recreation Department, its agents inticipant except in the case of gross and/or employees and whether or
Salisbury Township Parks and Rehim/her to participate in any and	creation Departments tha d all activities associated d activities. I acknowledge	at to the best of my k with the Salisbury To e that I have received	nowledge, my child is ir wnship Easter Egg Hunt information concerning	s and therefore, I represent to the n proper physical condition to allow and that I/we assume the risk of the Easter Egg Hunt Activities given ams.
permission to the attending physic child. I/we understand that the photographed during participation	ian to treat, hospitalize, a outline of this program n. I/we further agree tha or legal guardian, the un	dminister anesthesia, a is subject to change at privileges may be dersigned, have read	and/or to order injections without notice and the revoked from any partic this Release and underst	t is an emergency, I/we hereby give and/or surgery for the safety of my at my child may be videotaped or cipant at the sole discretion of the cand all of its terms. I/we execute it ated next to my name.
Signature of Parent/Legal Gu	ardian		Date	