



Program Registration at N4Cs

PO Box 305, 42 Community Drive
 Benton, PA 17814
 (570) 925-0163

Registrants Information:

(ONE NEEDED PER CHILD)

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____ - _____ Gender: M / F DOB: ____/____/____

Email: _____ Member / Non-Member

Municipality: _____ County: _____

Parent Name: _____ DOB: ____/____/____

Medical Info:

Health Issues/ Allergies: _____

Physicians Name: _____ Physicians Phone: (____) _____ - _____

Emergency Contact: _____ Phone: (____) _____ - _____ Relation: _____

Healthy Fit Club

Saturday January 6th thru March 24th(Except February 10th)

9:30am—11:30am

FREE for children in 1st-4th Grade

OFFICE USE ONLY:

Would you like to donate to N4Cs?

Payment Method

Donation: \$ _____

- Cash
- Check CK # _____
- Credit Card

Amount Paid: \$ _____

Amount Due: \$ _____

Date Paid: _____

I, in consideration of my (or my child's participation) in this activity, hereby release Northern Columbia Community & Cultural Center and any individual connected herewith from any and all property damage or liability arising from accident, injury or illness suffered as a result of participation in this activity. I acknowledge that the Northern Columbia Community and Cultural Center may take photographs of me, or any dependents of mine participating in programs or activities offered by N4Cs for use and publication in various publications or media, including but not limited to N4Cs website, social media sites, department program brochures or materials, and N4Cs informational, promotional or marketing materials. I hereby expressly grant to the Northern Columbia Community and Cultural Center the right to use and publish such photographs as contemplated herein, all without compensation or payment for such use and publication.

*Signature (Parent if participant is under 18) _____

Date: _____