
**SALEM TOWNSHIP RECREATION BOARD
RELEASE**

EVENT

TEAM / GROUP

CHILD'S NAME

AGE

BIRTHDATE

ADDRESS

CITY

PHONE NUMBER

SCHOOL DISTRICT

TWP/CITY/BORO OF RESIDENCY

EMERGENCY CONTACT PERSON

PHONE NUMBER

EMAIL

I/We the parent(s)/guardian(s) to the above named child who is a candidate for the participation in the event of the Salem Township Recreation Board, hereby give my/our approval to his/her participation in any/all activities relating to the above named event during this season. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Salem Township Recreation Board, the organizers, sponsors, directors, supervisors, participants and persons transporting my/our child to or from activities, for any claim and/or expense for defending any claim arising out of any injury to my/our child.

I/We certify that the above named child is in good health and has no physical condition which could endanger his/her well-being by participating in the above named event.

I/We will furnish a certified birth certificate of the above named child upon request of any official.

If special payment arrangements are needed, approval by a Recreation Board member must be obtained.

**Salem Twp Rec Gymnastics Program
FEE SCHEDULE 2024-2025**

Class	Resident	Non-Resident
Kinder-Gym	\$175.00	\$200.00
Basic Beginner	\$190.00	\$215.00
Advanced beginner	\$200.00	\$225.00
Intermediate	\$220.00	\$255.00
Pre-Team	\$260.00	\$295.00
Team	\$295.00	\$340.00

10% Discount per child for families
of two or more children

Person accepting payment: _____

AGREEMENT

Signature-Parent/Guardian

Date

Twp/City/Boro of Residency _____

SCHOOL DISTRICT (circle one):

Greensburg-Salem Franklin-Regional

Derry Latrobe

River Valley Kiski Area

FEE PAID (circle one):

Cash

Check

*Make Checks Payable to
Salem Twp Recreation Board*