



# 2024 Special Summer Trips Registration

## Borough of Green Tree

10 W. Manilla Avenue, Pittsburgh, PA 15220  
412.921.1110 | www.greentreeboro.com

Family Name \_\_\_\_\_ Contact No. \_\_\_\_\_  
Last Name

Address \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Participants First Name	Age	Grade (Fall 2024)	Altitude Trampoline	Splash Lagoon	Neville Roller Drome	Allergies		If Yes, Explain
						Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Borough of Green Tree Statement of Understanding and Release

I, the undersigned, as parent/guardian of \_\_\_\_\_ hereby enroll our minor child(ren) in the Summer Recreation Program (Program) for the Borough of Green Tree. In so enrolling our child(ren), I recognize and agree that:

- Participation in Program and recreational activities can result in serious injury and disabilities to our child(ren);
- As the parent/guardian of said child(ren), I am responsible for all medical expenses and/or injuries sustained by our child(ren) while participating in the program;
- Health insurance coverage for any child(ren) participating in the Program is not provided by the Borough of Green Tree. Responsibility for providing medical insurance, if any, is that of the parent/guardian;
- In consideration of the Borough agreeing to accept our child(ren) in the program, we hereby release and hold harmless the Borough of Green Tree, its officers and employees from any and all liability for any injury, liability or claim that might arise by reason of our child(ren)'s participation in the Program;
- Photos and/or videos may be taken of my child(ren) and published in local publications and/or web media.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY			
<input type="checkbox"/> Resident		<input type="checkbox"/> Non-Resident	
<input type="checkbox"/> Altitude Trampoline Park   \$21		<input type="checkbox"/> Altitude Trampoline Park   \$21	
<input type="checkbox"/> Splash Lagoon   \$45		<input type="checkbox"/> Splash Lagoon   \$60	
<input type="checkbox"/> Neville Roller Drome   \$15		<input type="checkbox"/> Neville Roller Drome   \$15	
<b>Total Due</b> _____		<b>Total Due</b> _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check No. _____	<input type="checkbox"/> CC Receipt No. _____	