



This form may be duplicated, if necessary. The Office of Summer and Extended Programs at Mercersburg Academy reserves the right to substitute and/or cancel events and activities scheduled for a program due to weather conditions, lack of participant interest, and other known and/or unforeseen circumstances. In addition, Mercersburg reserves the right to use media images (visual/audio) as well as written comments that emanate from participants for promotional purposes.

Summer and Extended Programs

717 328 6225 | 717 328 9072 (fax)
summerprograms@mercersburg.edu
300 East Seminary Street
Mercersburg, Pennsylvania 17236

Parent/Guardian Info

Parent Name _____
Other Parent Name _____

Phone Numbers and Contact Information

Home _____
Parent Daytime _____ Cell _____
Email _____
Fax _____
Emergency Contact _____
Emergency Contact Phone _____

To whom should billings be sent? If mailing address is different from participant, please note. All balances due by June 1, 2010.

Participant Info

Participant _____
Mailing Address _____
City _____
State/Zip _____ Country _____
Grade (Fall 2010) _____ Age _____ Birthdate _____
School _____
Shirt Size Adult M L XL XXL
Shirt Size Youth S M L XL

Liability/Waiver Statement

As a parent or guardian of the participant named above, I give permission for my child/ward to participate in the activities relative to the Mercersburg summer programs. I hereby waive and release the Regents of Mercersburg College, the Mercersburg Academy, and all agents, servants, and employees of the Mercersburg Academy from any and all liability for any loss or damage in any injury, illness or other condition arising out of my child's participation in any of the Mercersburg summer programs.

Signature _____ **Date** _____
parent/guardian

You can also register online. www.mercersburgsummer.com/register

Please check the appropriate selection

Storm Wrestling (grades 5-12)

June 20-25 : Deposit (\$100)

Residential (\$355) _____

Commuter (\$255) _____

Junior Wrestling (grades 1-4)

June 20-25 : Deposit (\$100)

Residential (\$215) _____

Commuter (\$160) _____

Girls Basketball (ages 12-17)

August 15-19 : Deposit (\$100)

Residential (\$355) _____

Commuter (\$255) _____

Boys Basketball (ages 12-17)

August 8-12 : Deposit (\$100)

Residential (\$355) _____

Commuter (\$255) _____

Roommate Request _____

Deposit / Payment

Enclose a check payable to Mercersburg Academy-Summer Programs or complete the credit card information box.

Deposits are non-refundable.

Credit Card Information

My method of payment is:

MasterCard Visa

Discover AMEX

Credit Card Number _____

Expiration Date _____

Amount to be charged to my credit card:

_____ (\$100 minimum)

I want the balance due charged to this same

card on June 1, 2010: Yes No

Name: _____

(as it appears on card)

Signature _____

Billing address if different from home address:

Street _____

Apt. _____

State/Zip _____

Country _____

Phone _____