

**CITY OF RICHMOND DEPARTMENT OF PARKS, RECREATION AND COMMUNITY FACILITIES
PROGRAMS, CLASSES AND CAMPS REGISTRATION FORM**

PLEASE PRINT IN BLUE OR BLACK INK

Program/Class/Camp _____ Date _____

Participant's Name _____

Child's Birthdate: month ____ day ____ year ____ Grade ____ Adult (18+) ____ Senior (55+) ____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Are you a City of Richmond resident? No__ Yes __ Non-resident fee: \$20 per person outside City limits

Phone Number: Day (____) _____ Evening (____) _____

On which of our mailing lists would you like to be? Recreation ____ Art ____ Dance ____ Camp ____ All ____

(Large Activities Guides will be available at the Center and local public libraries and will not be mailed.)

WAIVER: I authorize the Richmond Department of Parks, Recreation and Community Facilities staff and volunteers to act according to their best judgement in any emergency requiring medical attention. I hereby waive and release the City of Richmond Department of Parks, Recreation and Community Facilities staff and volunteers from any and all liability and cost associated with the program/class/camp. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment.

The City of Richmond Department of Parks, Recreation and Community Facilities supervises activities at its locations during normal hours of operation. All participants are free to enter and leave the premises without staff permission or supervision.

Participants will be expected to follow rules and instructions from staff. Violations and disruptive behavior on a continued basis will result in dismissal. In the event of dismissal, fees will not be refunded.

Parent/Guardian Signature: _____ Date: _____

Please list any pre-existing medical conditions, allergic reactions, or special qualities that would help us to give the participant a safe and happy experience: _____

Medication(s): _____ Hospital Preference: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

EMERGENCY contact if parent is not available: Name of Insured: _____

Name: _____ Phone: (____) _____

Richmond Parks, Recreation, and Community Facilities programs and activities are open to everyone without regard to race, sex, national origin, handicap or political affiliation.

FOR ADMINISTRATIVE USE ONLY County Fee Paid? YES NO Receipt Number: _____ Check Number: _____

Date application was received: _____ Fee Paid \$ _____ Initials: _____