



RICHMOND RECREATION DEPARTMENT

YOUTH PROGRAMS

Program: Baseball, Basketball, Flag Football, Soccer, Softball, Swimming Lessons, Swim Team, T-Ball or Volleyball (circle one)

Other _____

Child's Name _____ Date of Birth ____/____/____

Child's age: _____ Male _____ Female _____ Grade In _____ Shirt size _____

Parent/ Guardian Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Alternate cell _____

Emergency Contact _____ Phone _____

List below health concerns of registrant the Recreation Department/coach should be aware of:

I would like to coach: Name _____ Shirt size _____

 I/We give permission for pictures to be taken of my/our child during practices or games. YES _____ NO _____

I/We, the parents/ guardians of the above named candidate for a position on a Recreation team, hereby give my/our approval to participate in any and all recreation activities, including transportation to and from the activities. I/We know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players, and to hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received it, except for normal wear and tear. I/We have read and fully understand the above program details and waive and release all claims.

Parent/Guardian Signature _____ Date _____

Richmond Parks & Recreation Department does not limit participation on the basis of disability, race, color, creed, national origin, gender or religious preference.

*Please return to: City Collector's Office
 205 Summit
 Richmond, MO 64085.*

Make checks payable to: **City Of Richmond**

<i>Office Use Only</i>		
Amount paid \$ _____	Date Rec'd _____	By _____

NO REFUNDS!