

RICHMOND RECREATION REGISTRATION FORM FOR
FALL TUMBLING
FOR
GRADES PRE- K-3rd

NAME: _____ The following people are authorized to pick up my child at this site:
AGE: _____ /GRADE: _____ Name: _____ relationship: _____ phone#: _____
PARENT'S NAME: _____ Name: _____ relationship: _____ phone#: _____
PHONE NUMBER: _____ CELL PHONE #: _____
FULL ADDRESS: _____
EMERGENCY PHONE NUMBER: _____
ANY MEDICAL/BEHAVIORAL/ALLERGY PROBLEMS: _____
DOCTOR'S NAME & PHONE NUMBER: _____
PARENT'S EMAIL ADDRESS: _____
TOWNSHIP: RICHMOND, CANADICE, BRISTOL, W.BLOOMFIELD

RICHMOND RECREATION DEPARTMENT
WAIVER AND RELEASE FORM

I, Parent, or Legal Guardian of _____ do hereby covenant and agree to release and hold harmless the Town of Richmond, its employees, officials, representatives, and volunteers from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising, arising out of participation in a Town of Richmond Recreation Department sponsored event, field trip or activity described herein.

I understand that participation in the Town of Richmond Recreation Department sponsored event, field trip or activity may involve rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and treatment on behalf of the participant. I further certify that the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event.

I also grant permission to the Town of Richmond to use my child's photograph for Town of Richmond Recreation Department promotional purposes without prior notification and without obligation or liability.

Date: _____ Please check here if you DO NOT
Parent or Guardian Participant your child's photo to be used.

The Town does not provide one-to-one assistance or supervision. Program participants with special needs or disabilities that require one-to-one assistance or supervision are welcome to participate in Town programs if they are accompanied by a personal assistant.

Cost is \$25.00 per child

Deadline is: Sept. 18th, 2019

Please enclose payment in an envelope & in full. No Refunds. /*Make all checks payable to the Town of Richmond.

*Return payments to Mrs. Hoertz in the Elementary office or send them to Richmond Recreation, Town of Richmond, PO Box 145, Honeoye, NY 14471.

****Required that all children wear comfortable clothing to tumbling along with sneakers.***

For more info. contact Richmond Rec. dept. at 330-7066 or email: recreation@townofrichmond.org

CLASS SCHEDULE: Wednesdays from 3:30-4:30pm in elem. gym Oct. 2, 9, 16, 23rd, 2019

PICK-UP TIME IS 4:30PM

Please check, sign and date:

_____ My child has permission to attend Richmond Rec. afterschool tumbling program.

_____ parent/guardian signature _____ date

If your child is in the morning pre-K program the parent/legal guardian will have to provide their own transportation for their child to this activity.

This activity is not sponsored by HCS. It is operated through the Town of Richmond Recreation Dept.