

Richmond Recreation Sports Signup Form

Checks payable to: **Town of Richmond**

Date Paid: _____

Amount Paid: _____

Baseball • Softball (\$40) _____ T-ball (\$35) _____ Soccer (\$35) _____

Basketball / grades PreK – 2 (\$25) _____ Basketball / grades 3 - 6 (\$35) _____

Running Club (\$25) _____ BMX (\$20) _____ Wrestling (\$35) _____

Did your child participate in this activity last year? _____

Child's Name: _____ M/F: _____ D.O.B: _____

Address: _____ City: _____

Grade in during activity: _____ Name of School: _____

Shirt Size: (Youth) _____ (Adult) _____

List any relevant medical problems: _____

Parent #1 Name: _____ Relationship: _____

Email Address: _____

Phone Number's: (Home) _____ (Cell) _____ (Work) _____

Best Phone number to be reached at: _____ Time of day: _____

Is it okay to send text messages when needed: Yes _____ No _____

Are you interested in **Volunteering** for any of our program(s): Yes _____ No _____

If yes, which type: Coach: _____ Assistant Coach: _____ Helper: _____ Snack Shack: _____

All volunteers must complete an annual Volunteer Application for the Town and pass a background check.

Parent #2 Name: _____ Relationship: _____

Email Address: _____

Phone Number's: (Home) _____ (Cell) _____ (Work) _____

Best Phone number to be reached at: _____ Time of day: _____

Is it okay to send text messages when needed: Yes _____ No _____

Are you interested in **Volunteering** for any of our program(s): Yes _____ No _____

If yes, which type: Coach: _____ Assistant Coach: _____ Helper: _____ Snack Shack: _____

All volunteers must complete an annual Volunteer Application for the Town and pass a background check.

Emergency Contact: _____ Phone: _____

******* Parent signature required on back of this form *******

Permission and Release

Consent for Emergency Medical Treatment: As the parent or guardian of the above named participant, I hereby consent with my signature below to emergency medical treatment performed by a licensed physician under any condition where it is judged by adult supervisors to be needed to protect my child's health and wellbeing, and where my specific consent is not immediately available.

Waiver of Liability

Each person signing below understands that participation in the Town of Richmond, Maine ("town") program, activity and/or special event can involve the risk of damage and injury, including serious injury, to both people and property. Each person signing below understands and agrees that the Town, its agents, officers, volunteers and employees, accept no responsibility, and will not be liable, for any injury, harm or damage to his/her person or property (including, but not limited to, injury, harm or damage caused by negligence of the Town, its agents, officer's, volunteer's or employee's) occurring during or arising out of participation in any Town program, activity and/or special event. To the fullest extent permitted by law, each person signing below agrees to assume all risk of injury, harm or damage to his/her person or property arising during or in connection with said Town program, activity and/or special event. Each person signing below hereby releases and agrees to indemnify and hold harmless the Town, its agents, officers, volunteers and employees, from any and all liability, actions, damages and claims of any kind and nature whatsoever for any injury, harm or damage to his/her person or property (including but not limited to, injury, harm or damage caused by negligence of the Town, its agent's, officer's, volunteer's or employees) that may arise or occur during or in connection with said program, activity and/or special event.

Parent/Guardian (print): _____ Date: _____

Signature: _____