

Town of Richmond Summer Parks & Recreation Program 2016

Participant Name:	Age:	Date of Birth:
Mailing Address:	Town & Zip:	
Phone:	Grade (2015-16):	School:
Fathers Name:	Home Phone:	Work Phone:
Mothers Name:	Home Phone:	Work Phone:
Emergency Contact	Home Phone:	Work Phone:
Any special medical condition we should be aware of :		

The Town of Richmond reserves the right to accept applications only from Richmond residents and to cap registrations based on program capacity levels which will be established by the Summer Recreation Program Director. Applications will be accepted and processed on a first come, first serve basis. Non-residents may submit applications but will only be eligible for enrollment after the deadline and after all Richmond resident applications have been processed. Non-resident applications will also be accepted and processed on a first come, first serve basis.

Parents Consent

As a parent/guardian, I give the participant child permission to participate in the Richmond Summer Parks & Recreation Program. I realize that I must provide my own health/accident insurance for injuries that the participant child may sustain while participating in this program. In my absence, I give the supervisor of the activity permission to obtain whatever medical treatment may be necessary in the event of an injury. I am aware that the Town of Richmond is not obligated to provide medical insurance to cover such injuries.

I agree to pay **\$100** for the Day Program/**\$75** for each additional child in the family (**\$200.00 for non-residents**) to register my participant child for these program's and understand that the fee will not be refunded after the application deadline has expired. **There are no scholarship funds available to pay for Summer Rec. All payments must be paid in advance.**

For Primary & Intermediate Day Program Groups

my child will be taking the swimming lessons my child will not be taking the swimming lessons

Parent/Guardian _____ Date _____

Consent for Emergency Medical Treatment

As the parent or guardian of the above named participant, I hereby consent 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 well being, and where my specific consent is not immediately available.

Waiver of Liability

Each person signing below understands that participation in the Town of Richmond (“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 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, officers or employees) 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 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 agents, officers or employees) that may arise or occur during or in connection with said program, activity and/or special event.

Signature of Parent/Guardian Date:

Parent/Guardian _____

Date _____

For Official Use Only

Application Deadline is June 21, 2016

FOR OFFICE USE ONLY		
Amount Paid:	Cash/Ck#:	Date Received: