

Town of Richmond  
 Summer Parks & Recreation Program 2018  
Due to the Town Office by Thursday, June 28th.

Participant Name:	Age:	Date of Birth:
Mailing Address:	Town & Zip:	
Phone:	Grade (2018-19):	School:
Father's Name: Email:	Home Phone:	Work Phone:
Mother's Name: Email:	Home Phone:	Work Phone:
Emergency Contact	Home Phone:	Work Phone:
Any special medical condition we should be aware of :		
T-shirt size for child:		

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. Please note, the Town is in the process of hiring the necessary staff to run the Summer Rec Program. If for any reason the Town is unable to hire the necessary staff to move forward with the Summer Rec Program the Town will refund any registration fees.

**Parent Consent**

As a parent/guardian, I give the participant child permission to participate in the Richmond Summer Rec 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/child** for my child(ren) to participate in the Richmond Summer Rec Program. **(\$150.00 for non-residents)** I understand that I will pay any admission cost for my child to participate in any field trips. Swimming lessons at the Wiscasset Community Center are provided in the registration fee. **All registration payments must be paid in advance.**

## **Wiscasset Community Center Swimming Lessons:**

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 child, 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 Summer Recreation ("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 Thursday, June 28, 2018**

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