

RECREATION REGISTRATION FORM

City of Richmond Recreation Department
 36164 Festival Drive, P.O. Box 457, Richmond, Michigan 48062
 Phone: 586-727-3064 Fax 586-727-3512

HEAD OF HOUSEHOLD:

Last Name:	First Name:	Birthdate:	Gender: M / F
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FAMILY INFORMATION:

ADDRESS			
CITY		ZIP CODE	
PHONE NUMBER		OTHER NUMBER	
E-MAIL			
EMERGENCY CONTACT NAME		EMERGENCY PHONE	

OTHER FAMILY MEMBERS:

	Last Name	First Name	Birthdate	Gender
1.				
2.				
3.				
4.				

REGISTRATION INFORMATION:

Participants Name	Program #	Program Name	Fee
Total			

WAIVER FOR PARTICIPATION: The undersigned individuals or parent/legal guardian, on his/her own behalf of any listed minor, does hereby represent that he/she, in fact acting in such capacity and agrees to the extent permitted by law, to hold harmless and indemnify the parties listed below from all liability, losses, claims, judgments, costs or damages whatsoever which may be asserted against, imposed upon, or incurred by said parties arising out of incident to, or any way connected with the participation in the Parks and Recreation activity. Parties include: City of Richmond, its elected officials, commission members, agents, employees, representatives and volunteers.

Signature (Parent or legal guardian if under 18 years old)

Date