

General Registration Form

Child's First Name _____ Male/Female

Child's Last Name _____

Address _____

Phone Number _____

Additional Phone or Cell Number _____

Date of Birth _____

Age at time of program _____ Grade in Fall _____

Parent Name(s) _____

Program Name _____

Session Dates _____

Times _____

LIABILITY RELEASE:

I agree to waive and release all claims I may have against the Richmond Department of Parks and Recreation and its offices, agents, and employees that I may incur as a result of my participation in the above program(s) of the Richmond Department of Parks and Recreation. I further agree to indemnify and hold harmless the Richmond Department of Parks and Recreation and its officers, agents, and employees from all claims resulting from injuries, damages and loses sustained by me or others as a result of my participation in said program(s) on property of the Richmond Department of Parks and Recreation.

Signature: _____ Date _____