



Registration Form

Community Services Department
 3230 Macdonald Ave
 Richmond, CA 94804

Phone 510.620.6793
 Fax 510.620-6583

For Online Registration: <https://apm.activecommunities.com/richmond>
 or visit us online at: www.richca-communityservices.org

1. Account Information- Parent's Name if under 18 years of age (Person responsible for the participant(s))

Name		Birthdate	Male/Female	Home Phone #
Home Address		City	Zip Code	
Work #	Cell #	E-mail Address		
Emergency Contact Name	Relationship	Home #	Work #	Cell #

2. Participant's Information

(First & Last)	M	F	Birth Date	Program	Program Location	Program Date	Program Time	Fee

3. Payment: (Ask about our fee adjustment for low income families- Afterschool program and Summer Camps only).

Cash _____ or Check # _____ Visa or M/C

<p style="text-align: center;"><i>For Office use only</i></p> <p>Total \$ _____ less % _____ (of fee adjustment if applicable)</p> <p>Staff Initial _____ Date _____</p>
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Total Due \$ _____

ALL PAYMENTS FOR REGISTRATIONS ARE DUE AT TIME OF REGISTRATION

The above person(s) (herein after a Participant) wish(es) to participate in the Recreation Program and activities listed above. As a condition of participation, I hereby release and discharge the City of Richmond (a city), its constituent organizations, including but not limited to Recreation, Richmond PAL and all their officers, employees and volunteers from any and all claims for personal injuries or property damage that I, or participant, may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities or individuals described above. I agree to take instruction on proper use and care of the program equipment involved. The participant and I agree to abide by the rules and regulations, policies and procedures, governing the above described activity. Participant and I agree that City may take and use my photo without restriction or compensation. I understand that participant and I may be suspended and/or evicted from the program, without appeal if I am found to be in violation of rules and regulations and instructions of staff, including, but not limited to, possession of a weapon, illegal substances, threats or rude behavior and will forfeit participant(s) and my rights to a refund for any portion of the program fees. I hereby warrant and represent that participant is physically fit and capable of participating in such activity, WITHOUT RESTRICTION. I make this warranty and representation on the basis of advice given to me by a duly licensed medical doctor within the last six months, and know of no change in medical condition since receiving such advice that would affect the opinion of the said medical doctor. I agree that in the event participant is injured as a result of participation in the above named activity or program, including transportation to and from these activities whether or not caused by the negligence, active or passive, of the City, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be FIRST had against any accident, hospital, medical or dental insurance, or any benefit plan of mine or my estate. I further understand that accidents and injuries can arise out of participation in the City programs and from the use of physical fitness equipment in connection with the programs. Nevertheless, I hereby agree on my behalf, or on behalf of participant, to assume those risks and to release and hold harmless all of the persons or agencies mentioned above who, through carelessness or negligence, might otherwise be liable to me, or participant, for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my, or participant's heirs and assigns. I hereby give permission to the physician, nurse, dentist or licensed emergency care staff selected by the supervisory personnel then present to render medical, dental, or other treatment deemed necessary and appropriate.

Parent/Guardian Name _____ Signature _____ Date _____
 (Required for all minors under 18 years of age)