



Richland County Recreation Commission REGISTRATION FORM

All information must be complete, the form signed, and the fees paid.
Please print clearly. Use one form per person. Deliver or mail to the park holding the class or event.

Class or Event	Date	Fee	For Staff Use			
			Payment Received	Receipt No.	Date Received	Received By

Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____ Driver's License #: _____ Expiration date: _____

Sex: M F Age: _____ T-shirt Size: S M L M L XL XXL Home Phone: _____ Work Phone: _____ E-mail: _____
Youth Adult

For participants under age 18: (Parents, check here if you are interested in coaching a youth or adult team:)

Father's Name _____ Phone: Home _____ Work _____ Cell _____

Mother's Name _____ Phone: Home _____ Work _____ Cell _____

MEDICAL INFORMATION:

Doctor: _____ Phone _____

Please list any conditions/restrictions/behaviors that would affect your/your child's participation: _____

EMERGENCY CONTACT:

Name _____ Phone _____

Relationship _____

SPECIAL ACCOMMODATIONS:

Please describe any accommodations you require for successful participation/inclusion in our programs: _____

WAIVER AND RELEASE:

Please read this form carefully. In signing up and participating in RCRC programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims I/my child may have as a result of participating in these programs against the Richland County Recreation Commission, its officials, agents, volunteers, sponsors, and employees.

If I/my child is injured, becomes ill, or needs medical attention for any reason, this authorizes program staff to assist me/my child and to call for medical assistance. I wish myself/my child to be transported to _____ (name of medical facility), when possible. I understand I am responsible for all costs incurred in any such medical emergency.

I understand photographs of my/my child's participation in this program may be used by the Recreation Commission to promote the Commission's events and facilities, without compensation and without additional approval.

My child has my permission to travel on a vehicle provided by the RCRC for the program for which we are registering.

I have read and fully understand this waiver and release.

PRINT PARTICIPANT'S NAME _____

PARTICIPANT'S SIGNATURE _____ **DATE** _____

(Parent or guardian must sign for participants under age 18)