

Richmond Recreation Adult Programs

Who Can Play? Anyone, High School-Adult

FOR MORE INFORMATION - CONTACT RECREATION DEPARTMENT 776-5304 X 116

PROGRAM: BASKETBALL, SOFTBALL or VOLLEYBALL

OTHER: _____

Team Name: _____

Phone: _____

Team Captain: _____

Cell: _____

Address: _____

I, the participant or I, the parents/ guardians of the below named candidate for a position on a Recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I know that participation in sports may result in serious injuries and protective equipment does not prevent all injuries to players, and to hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, participants and persons transporting myself/ or my child to and from activities for any claim arising out of any injury to myself or my/our child whether the result of negligence or for any other cause. I agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received it, except for normal wear and tear. I have read and fully understand the above program details and waive and release all claims including damaged, stolen, or lost property that could occur during the recreation event.

I agree to abide by the rules and regulations as set forth by the Richmond Recreation Department, for my child(ren's) and our family's participation in the program. I understand that this includes, but is not limited to, good sportsmanship toward the officials, coaches, and opposing players and their coaches and fans. **FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE GYM FOR REMAINDER OF GAME AND ALL FUTURE GAMES.** Signing below means that you have read and agree with the above.

Team Roster:

**** ↓ if you are under the age of 18 your legal guardian must sign!**

- | | | |
|-----------------|--------------|------------------|
| 1. Name: _____ | Phone: _____ | Signature: _____ |
| 2. Name: _____ | Phone: _____ | Signature: _____ |
| 3. Name: _____ | Phone: _____ | Signature: _____ |
| 4. Name: _____ | Phone: _____ | Signature: _____ |
| 5. Name: _____ | Phone: _____ | Signature: _____ |
| 6. Name: _____ | Phone: _____ | Signature: _____ |
| 7. Name: _____ | Phone: _____ | Signature: _____ |
| 8. Name: _____ | Phone: _____ | Signature: _____ |
| 9. Name: _____ | Phone: _____ | Signature: _____ |
| 10. Name: _____ | Phone: _____ | Signature: _____ |
| 11. Name: _____ | Phone: _____ | Signature: _____ |
| 12. Name: _____ | Phone: _____ | Signature: _____ |
| 13. Name: _____ | Phone: _____ | Signature: _____ |
| 14. Name: _____ | Phone: _____ | Signature: _____ |
| 15. Name: _____ | Phone: _____ | Signature: _____ |
| 16. Name: _____ | Phone: _____ | Signature: _____ |
| 17. Name: _____ | Phone: _____ | Signature: _____ |
| 18. Name: _____ | Phone: _____ | Signature: _____ |

PROGRAM POLICIES: The Richmond Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary. — **NO REFUNDS!**

Please return to: City Collector's Office, 205 Summit, Richmond, MO 64085.

Make checks payable to: City of Richmond.

Office Use Only

Amount Paid \$ _____ Date Rec'd _____ By _____