

Registration Form

Drop off or Mail this form with payment to:
 City of Richmond Parks & Recreation Department
 36164 Festival Drive * PO Box 457
 Richmond, Michigan 48062
 Phone: (586) 727-3064 * Fax: (586) 727-3512

PLEASE PRINT

HEAD OF HOUSEHOLD: _____ ADDRESS: _____

APT #: _____ CITY: _____ ZIP CODE: _____ EMAIL: _____

HOME PHONE: () _____ CELL P HONE: () _____

EMERGENCY CONTACT (NAME): _____ EMERGENCY P HONE: () _____

Last Name	First Name	M/F	Age	Birthdate	Grade	Program #	Program Name	Fee
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Total Fees:								\$

ANY MEDICAL CONCERNS? _____

WAIVER FOR PARTICIPATION: The undersigned Individuals or parent and 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 idemnify the parties listed below from all liability, losses, claims, judgements, 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.

Office Use Only	
Entered	
Fee Rcvd	
Check #	

 Signature (Parent or legal guardi an if under 18 years old)

 Date