



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

T-Shirt Size (check one):

- ☐ Youth Small (6-8) ☐ Adult Small ☐ Adult X-Large
☐ Youth Medium (10-12) ☐ Adult Medium ☐ Adult 2X-Large
☐ Youth Large (14-16) ☐ Adult Large ☐ Adult 3X-Large

Participant's Name: Birth Date: Gender: ☐ M ☐ F
Email: Height: Weight: School:
Address: City: Zip:

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

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

MEDICAL INFORMATION: Doctor: Phone:

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

Emergency contact: Relationship: Home Phone: Work: Cell:

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

Is there anything we should be aware of regarding your child's health or are there special needs?

WAIVER AND RELEASE (Please read this form carefully):

In signing up and participating in Richland County Recreation Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses 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 this program 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 against the Richland County Recreation Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in these programs.

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 that photographs of my child's participation in this program may be used by the Recreation Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting 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.)

OFFICE USE ONLY

Date Paid: Location registered at: Time: Receipt Number: Fee Paid:

☐ Cash: ☐ Check Number: ☐ Credit Card Number: Exp:

Driver's License Number: State Issued: Date of Birth: