

RECREATION SERVICES REGISTRATION FORM

This form is not required to register for Richfield recreation programs, but can be used to mail or fax registrations. Registrations are also accepted in person, by phone, or online at www.richfieldrecreation.com. **No registration is complete until fee is paid.** Please use a separate form for each participant (copies of this form are acceptable).

PARTICIPANT NAME _____ HOME PHONE _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

BIRTH DATE _____ AGE: ____ GRADE ____ CELL PH # _____ WORK PH # _____

E-MAIL _____ How did you hear about this program? Brochure Web Community Center Other _____

Does Participant have any health or allergy concerns? YES NO If yes, explain _____

Please list any special needs or disabilities _____

Please list any medication your child is currently taking _____

FOR YOUTH REGISTRATION

Mother / Guardian / Other _____ Cell Ph # _____ Work Ph # _____

Father / Guardian / Other _____ Cell Ph # _____ Work Ph # _____

I give permission for my child to participate in the activity/activities listed below. I assume all risks and hazards incidental to the conduct of the activity. In the event of an emergency, I authorize Richfield Recreation Services staff to provide or arrange basic medical care for my child, and expect that they will contact me at the earliest opportunity.

Signature _____ Date _____

| COURSE BARCODE* | COURSE TITLE | FEE |
|-------------------|--------------|-----|
| | | |
| | | |
| | | |
| | | |
| TOTAL FEES | | |

OFFICE USE ONLY

Date Rec'd _____

Amt. Paid _____

Check # _____

Cash _____

Credit card _____

Receipt # _____

Staff initials _____

* Found next to time/date info in program guide

Enclose payment by: CHECK (make payable to "The City of Richfield") VISA MASTERCARD DISCOVER CARD

Credit Card # _____ Exp. Date ____ / ____ / ____ Cardholder Signature _____