RECREATION CONTRACT and WAIVER

Child's Birth Name _____ Nickname _____

Date of Birth_____ Age_____ Male Female (please circle)

Parents/Guardians_____

Address_____

Zip Code _____ City/*County Resident_____

Telephone (H)_____(W)_____ (Cell)_____

Email address:_____

School _____ Grade_____

Emergency Contact Person _____ Emergency Telephone_____

Insurance Provider_____

Doctor's Name and Contact Information _____

Has your child participated in PAL previously? Y / N If yes in what program _____

Preferred Counselor? _____

Special Needs/Concerns (allergies, medical concerns etc) _____

_____

OFFICE USE ONLY

examination, while not Compulsory, is highly recommended prior to participating in any department sponsored recreation sport program. Accident insurance is recommended for all participants in any department sponsored recreation sport program and it is the responsibility of the parent/guardian to provide such insurance.

PARTICIPATION CONTRACT:

We hereby verify that the above information is true and correct, and that (participant's name) _____ is physically fit to participate in PAL programs/activities. We understand that any false information will result in the loss of center privileges and immediate suspension from the recreation camp noted below for the remainder of the season. The participant agrees to comply with the rules and regulations for the recreation sport, recreation facilities and activities as established by the Department of Recreation and Parks and the Police Athletic League no refunds will be granted. If total payment is not received by the required date the child will be dropped from the program and PAL will retain the deposit. All changes must be made prior to the required date.

PARENTAL CONSENT AND WAIVER:

I hereby consent to and approve of the above named child participating in PAL programs/activities. I understand the risks associated with participating in this camp and hereby waive, for myself and the above named child, any and all claims, demands and right of action against the City of Richmond, City and the Richmond Police Athletic League employees, coaches and officials of the league for any injury or

accident which may occur to the said child as a result of participating in this camp. In case of emergency I hereby give PAL or its designee's permission to have my child seen or treated by a health care official.

*Parent/Guardian Signature_____Date_____

Richmond PAL located at 1365 Overbrook Rd. Richmond Va 23220.. phone 646-1832
Please visit or website at www.richmondpal.com