

Police Athletic League
RECREATION CONTRACT and WAIVER

Child's Birth Name _____ Nickname _____

Parents/Guardians _____

Address _____

Zip Code _____ City Resident *County Resident _____

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

Emergency Telephone _____ Emergency Contact Person _____

Date of Birth _____ Age _____ Male Female

School _____

Did your child attend camp last season? Y / N

Counselor? _____

Email address: _____

REGULATIONS:

To be eligible to participate in summer camp activities, a participant and his/her parent or guardian must completely fill out and properly sign this form attesting that the participant is physically fit for athletic competition and that the parent or guardian consents to such participation. A physical medical 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 for Camp. 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 5/1/09 the child will be dropped from the program and PAL will retain the deposit. All changes must be made prior to 5/1/09.

PARENTAL CONSENT AND WAIVER:

I hereby consent to and approve of the above named child participating in summer camp. 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.*Parent/Guardian Signature _____ Date _____

	Cost	Deposit	Balance due
PAL summer program Session I 6/22/09-7/16/09	\$ 300.00		
PAL summer program Session II 7/20/09-8/13/09	\$ 300.00		
<i>Total</i>			

Balance Total Due 5/1/09 if not received by this date the deposit will be lost. All changes must be submitted by 5/1/09

OFFICE USE ONLY

FEE PAID _____ CHECK # _____ STAFF INITIAL _____ RCPT. # _____

Officer _____