Registration Form

RICHFIELD
PARKS AND RECREATION

Office 896-5546
Pool 896-8572

Parent or Guardian _____

Address _____

City _____ Zip _____

Phone #1 _____ Phone #2 _____

Email (optional) _____

Participant _____

Birthday _____ Age _____

Male _____ Female _____ Grade _____

Sport / Activity _____

T-SHIRT **YOUTH** S (6-8) M (10-12) L (14-16) **ADULT** S M L XL 2XL

Is Parent or Guardian willing to coach? YES NO

Is Parent or Guardian willing to be an Assistant Coach? YES NO

Comments / Requests _____

_____

_____

Swimming Registration

Level _____ Starting Date _____ Time _____

Swim Team Meet Dates ____/____/____/____/____/____

____/____/____/____/____/____

(Please circle meet(s) you will help with)

BY SIGNING THIS ASSUMPTION OF RISK, LIABILITY RELEASE, REFUND, AND CODE OF CONDUCT, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENT AND DISCLOSURE, THAT I UNDERSTAND ITS CONTENT AND DISCLOSURE, AND THAT I AGREE TO ITS TERMS. (Please see back)

Parent/Legal Guardian Signature _____ Date _____

FEE PAID _____ DATE _____ RECEIVED BY _____

☐ CHECK # _____ ☐ CARD _____ ☐ CASH _____

Richfield Parks & Recreation • 75 E Center • Richfield, Utah 84701

Waiver and Authorization for Medical Attention

The undersigned, as participant or as parent or guardian for a child participating, I hereby recognize and acknowledge that Richfield City does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program or facility offered by Richfield City. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by Richfield City. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge Richfield City, it's governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorneys fees, arising out of, or in connection with any injury sustained by the participant. I authorize the employees or agents of Richfield City to notify emergency help in the case of an accident or injury sustained by their participation. I authorize the employees or agents of Richfield City to notify emergency help in the case of an accident or injury to the participant while participating in any program offered by Richfield City if in the discretion of the employee or agent, such emergency help is warranted.

"Code of Conduct"

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every recreation event. At all times I will remember that we are participating in a recreational activity and act accordingly. It is the participant, coaches and spectators responsibility to control their own behavior. I will refrain from the use of foul language and/or negative comments toward coach, player, referee, league officials or spectators.

Richfield Refund Policy

1. Richfield City will refund all but $3.00 of fee paid before teams have been set.
2. Richfield City will refund only 1/2 of fee paid after teams or classes have been set.
3. Richfield City will not issue any refunds of fees paid once programs or classes have started.