

RICHMOND RECREATION REGISTRATION FORM FOR
ACTIVITY DAYS
AT
BRISTOL TOWN PARK

Start date: Monday, July 4th, 11th, 18th & 25th, 2011 from 10-12noon

W.BLOOMFIELD TOWN PARK

Start date: Wed., July 6th, 13th, 20th & 27th, 2011 from 1-3pm

Name: _____ Age: _____/Grade(next year) _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

Any medical problems: _____

Parent's email address: _____

Circle one: Township=Richmond, Canadice, Bristol, W. Bloomfield or other

Circle age group: 5-6 year olds/7-9year olds/10-13year olds

Activities include: basketball, kick ball, soccer, tennis, playground, etc. and if weather is inclement there will be arts and crafts in the pavilion.

**RICHMOND RECREATION DEPARTMENT
WAIVER AND RELEASE FORM**

I, _____, am registering and/or participating in _____ through the Richmond Recreation Department. I understand that there is inherent risk associated with this activity including the risk of physical injury. If I have any questions regarding this activity I will ask the Recreation Department representative.

By my signature below I certify that I am aware of this risk and that I am physically able to participate in this activity. I hereby release the Richmond Recreation Department, the Town of Richmond, their employees, officials, representatives and volunteers from any and all suits, claims, actions, causes of action, losses, damages for personal or property damages that I may suffer as a participant in this activity/event whether such injury or damage is caused by the acts or omissions, negligence or misconduct of any employee, official, representative or volunteer of the Richmond Recreation Department of the Town of Richmond.

Date: _____

Participant (18years of age or older)

I am the parent or guardian of _____, the minor listed above. I declare that I have the authority to enroll this minor participant in this activity and I consent to his/her participating. I have read this document and execute it on his/her behalf. In the event of an emergency, I consent to the administering of whatever medical or other care may be deemed appropriate under the circumstances.

Date: _____

Parent or Guardian

Any questions contact Richmond Recreation Dept. at richrec@frontier.com or at 585-330-7066 or Debbie Mac Dowell at the Town of W. Bloomfield at 624-2942.

RICHMOND RECREATION REGISTRATION FORM
FOR
SWIMMING

Name: _____ Age: _____ /Grade (next year): _____
Parent's Name: _____ Phone number: _____
Full Address: _____
Emergency phone number: _____
Doctor and phone number: _____
Any medical problems: _____
Parent's email address: _____
Circle one: *Township*: Richmond, Canadice, Bristol, W. Bloomfield or other

Please check program(s) of interest below:

SWIM PROGRAM at SANDY BOTTOM PARK

Start date: Tuesday July 5th-Thursday July 28th, 2011

For ages 6 and up.

____ 10:00-11:20am OR ____ 12:30-1:50pm

Please describe your child(s) swimming ability and circle swim level: 1,2,3,4,5,6

OR

TINY TOTS

SWIM PROGRAM at SANDY BOTTOM PARK

Start date: Tuesday July 5th-Thursday July 28th, 2011

For ages: 2-5 years old

____ 11:30-12:00noon OR ____ 2-2:30pm

Please circle swim level below:

Tiny Tot 1(Never taken swim lessons)

Tiny Tot 2(has no fear of water, little swim skill)

Tiny Tot 3(submerges face, some swim skills)

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Date: _____

Parent or Guardian

Please check this section if it applies to your child:

____ My child will be participating in the H.C.S. summer reading program and the Richmond Rec. summer swim program. H.C.S. will bus my child to Sandy Bottom Park for swim lessons. My child is responsible to bring their bagged lunch and can eat at the park. Parent/guardian is responsible for picking up their child after swim lessons finish at 1:50pm at Sandy Bottom Park. Parent/guardian signature: _____

FIELD TRIP DAYS

Payments due the day of field trips & A COMPLETED WAIVER FORM OTHERWISE YOUR CHILD WILL NOT BE ABLE TO ATTEND THE FIELD TRIP.

*(Cost of field trips includes bus trip.)

LIST OF SCHEDULED FIELD TRIPS FOR SUMMER 2011

- Friday, July 8th
11-4pm
Roseland Waterpark
Meet in front at H.C.S.
Ages 5-15
Cost is: 20.00 per child
- Friday, July 15th
12-4pm
Trip to Movies, Victor, NY
Meet in front at H.C.S.
Ages 5-15
Cost is: \$10.00 per child
Check town website for movie info. after Tues.
(*Please note movie choices will be rated G and PG only.)
- Friday, July 22nd
9-12:30pm
Minnehans Miniature Golf, Go-karts, Discovery Zone
Meet in front at H.C.S.
Ages 5-15
Cost is: \$12.00per child
- Friday, July 29th
1-3pm (weather permitting)
Sports at the beach (volleyball, basketball, swim)
Meet at Sandy Bottom Beach
Ages 5-15
Cost is: Free
- Tuesday, Aug. 2nd
10:30-6pm
Trip to Seabreeze
Meet in front at H.C.S.
Ages 6-16
Cost is: \$20.00per child

NO LUNCHES PROVIDED ON FIELD TRIPS. PLEASE PROVIDE YOUR CHILD WITH A LUNCH OR EXTRA MONEY FOR LUNCH ETC.

PLEASE NOTE: ALL FIELD TRIPS ARE WEATHER PERMITTING, EXCEPT MOVIES. IF THERE ARE HEAVY RAINS & THUNDERSTORMS FIELD TRIPS WILL BE CANCELLED AND CAN NOT BE RESCHEDULED SINCE THESE ARRANGEMENTS WERE MADE FAR IN ADVANCE WITH THESE PLACES. ALSO NOTE: THAT THESE PLACES CLOSE DOWN AND SEND US TO THE BUSES DUE TO THUNDERSTORMS FOR EVERYONE'S SAFETY. THERE ARE NO REFUNDS GRANTED BY THESE PLACES. THESE ARE THE AMUSEMENT PARK RULES.

Registration forms leave in Rec. Dept. mailbox at Town of Richmond Town Hall or send to: PO Box 145, Honeoye, NY 14471 or H.C.S. Elementary Office with Mrs. Hoertz. Or W. Bloomfield Town Hall, PO Box 87, 2560 Cty. Rd. 37, W. Bloomfield, NY 14585

Town of Richmond website www.townofrichmond.org or Richmond Rec. email: richrec@frontier.com

RICHMOND RECREATION REGISTRATION FORMS FOR 2011 FIELD TRIPS

ROSELAND WATERPARK ON FRI. JULY 8TH FROM 11-4PM FOR AGES 5-15, COST IS: 20.00 PER CHILD

Name: _____ Age: ____/Grade(next year): _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

Any medical problems: _____

Parent's email address: _____

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Date: _____ Parent or Guardian

TRIP TO MOVIES IN VICTOR, NY ON FRI. JULY 15TH, FROM 12-4PM FOR AGES 5-15 COST IS 10.00 PER CHILD

Name: _____ Age: ____/Grade(next year): _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

Any medical problems: _____

Parent's email address: _____

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Date: _____ Parent or Guardian

MINNEHAN'S MINIATURE GOLF, GO-KARTS, DISCOVERY ZONE ON FRI. JULY 22ND, FROM 9-12:30PM FOR AGES 5-15 COST IS 12.00 PER CHILD

Name: _____ Age: ____/Grade(next year): _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

Any medical problems: _____

Parent's email address: _____

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Date: _____ Parent or Guardian

SPORTS AT THE BEACH ON FRI. JULY 29TH, FROM 1-3PM FOR AGES 5-15 COST IS: FREE

Name: _____ Age: ____/Grade(next year): _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

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Date: _____ Parent or Guardian

TRIP TO SEABREEZE ON TUES. AUG. 2ND, FROM 10:30-6PM FOR AGES 6-16 COST IS:20.00 PER CHILD

Name: _____ Age: ____/Grade(next year): _____

Parent's Name: _____

Full Address: _____

Emergency phone number: _____

Doctor and phone number: _____

Any medical problems: _____

Parent's email address: _____

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