

RICHMOND RECREATION
PICKLEBALL REGISTRATION FORM

NAME: _____ FULL ADDRESS: _____

PHONE NUMBER: _____ CELL NUMBER: _____

EMERGENCY PHONE NUMBER: _____

ANY MEDICAL CONDITIONS: _____

DOCTOR'S NAME & PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please circle township-Richmond/Bristol/Canadice/ W. Bloomfield/Other

**RICHMOND RECREATION DEPARTMENT
WAIVER AND RELEASE FORM**

_____ does hereby covenant and agree to release and hold harmless the Town of Richmond, its employees, officials, representatives, and volunteers from and against any and all liability, loss, damages, claims or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law arising out of participation in a Town of Richmond Recreation Department sponsored event, field trip or activity described herein.

I understand that participation in the Town of Richmond Recreation Department sponsored event, field trip or activity may involve rigorous physical activity and risks of physical injury, and I assume these risks, I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and treatment. I further certify that I am in good physical condition, and have no medical or physical conditions that would restrict my participation in this event.

I also grant permission to the Town of Richmond to use my photograph for Town of Richmond Recreation Department promotional purposes without prior notification and without obligation or liability.

Date: _____ Please check box if you DO NOT want your photo to
Participant (18 years or older) to be used.

**RICHMOND RECREATION
CODE OF CONDUCT**

ANY VIOLATIONS OF THE CODE OF CONDUCT MAY RESULT IN THE TERMINATION OF PERSON(S) INVOLVED.
FOR ALL PARTICIPANTS INVOLVED IN THE PROGRAM PLEASE INITIAL BY EACH OF THE FOLLOWING STATEMENTS
OF THE CODE OF CONDUCT.

_____ I will provide support and encouragement for any player, coach, official and employee when attending or participating in any Richmond Recreation activities.

_____ I will encourage good sportsmanship at any game, practice, or recreation activity.

_____ I will place the emotional and physical well-being of any participant ahead of my own desire to win.

_____ I will demand a sports environment that is free of drugs, tobacco and alcohol and refrain from their use at all youth sports/recreation activities, events.

_____ I will do my very best to make youth sports/recreation activities fun for any child.

_____ I will insist that any event will be safe and healthy, and I will not be involved with any altercations (verbal or physical) with any other parents, spectators, coaches, officials, or staff employees.

_____ I will wait the 24 hour period before addressing the coach, official, staff employees after a practice, game or tournament.

ALL PARTICIPANTS WILL HAVE READ THE ABOVE CODE OF CONDUCT, SIGNED AND DATED. PLEASE RETURN TO THE RICHMOND RECREATION DEPARTMENT VIA EMAIL: RECREATION@TOWNOFRICHMOND.ORG

SIGNATURE OF PARTICIPANT

DATE