

RICHMOND RECREATION
CHEERLEADING
SATURDAYS, JAN.11,18,25 AT HCS CAFETERIA from 1-2pm
& FEB.1st at HCS elem.gym
For grades Pre-K-6th

Name: _____
Age: _____/Grade: _____
Full Address: _____
Parent's Name: _____
Phone Number: _____ Cell Number: _____
Emergency Phone Number: _____
Any Medical/Behavioral/Allergy Problems: _____
Doctor's Name & Phone Number: _____
Parent's email: _____

Township: Richmond, Canadice, Bristol, Bloomfield or other

The following people are authorized to pick up my child at this site:

Name: _____ relationship : _____ phone: _____

Name: _____ relationship: _____ phone: _____

RICHMOND RECREATION DEPARTMENT WAIVER & RELEASE FORM:

I, Parent, or Legal Guardian of _____ do 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, 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 we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and treatment on behalf of the participant. I further certify that the participant is in good physical condition and has no medical or physical conditions that would restrict his/her participation in this event.

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

Date: _____ Please check here if you DO NOT
Parent or Guardian Participant Signature _____ your child's photo to be used.

The Town does not provide one-to-one assistance or supervision. Program participants with special needs or disabilities that require one-to-one assistance or supervision are welcome to participate in Town programs if they are accompanied by a personal assistant.

Cost is: \$40.00 includes a t-shirt & hair bow

Make all checks in full out to: Town of Richmond/ NO REFUNDS

*Return forms completed with payment to Mrs. Hoertz in the elementary office at H.C.S. or Town of Richmond Town Hall/Recreation Dept., PO Box 145, Honeoye, NY 14471.

Payments & forms due on: Dec.13th,2024

They will cheer at 1 of the rec basketball games on a Saturday. Date & time to be announced.

Cheerleaders will wear cheerleading t-shirt, black shorts or leggings, socks, sneakers & hair pulled back out of their faces. ***Please wear proper attire and sneakers to cheerleading practice.***

Please bring your own water bottle.

Cheerleading coach former HCS cheerleader: Tori Armstrong recommended by HCS Cheerleading coach.

For more info. contact the Richmond Rec. dept. call or text 330-7066 or by email at:

recreation@townofrichmond.org