

SNAP SIGN UP SHEET– Spring Activities

Participant's Name (1): _____ Participant's Name (2): _____

Address: _____

City: _____ State: _____ ZIP _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email Address : _____

Participant (1) Gender: _____ Date Of Birth (DOB) (required) _____

Participant (2) Gender: _____ Date Of Birth (DOB) (required) _____

First Contact Name: _____ Relation: _____

DOB: _____ Phone Number: _____

Address/ City/State/Zip : _____

First Contact Name: _____ Relation: _____

DOB: _____ Phone Number: _____

Address/ City/State/Zip : _____

Participant Questions

1. Are you a new Participant (Yes if haven't participated in over a year in any activity) YES NO
2. Please List Primary Disability: _____
3. Seizures: (what type & how often) _____
4. Can Participant Toilet Independently? YES NO
5. Please list any Allergies/Special Needs/Adaptive Equipment: _____

6. T-Shirt Size #1 : Y-Small Y-Med Y- Large A- Small A-Med A-Large A- XL A-XXL

7. T-Shirt Size #2 : Y-Small Y-Med Y- Large A- Small A-Med A-Large A- XL A-XXL

8. \$20 Track and Field Registration Fee: Paid___ Unpaid___ Check#___ Cash___

Activity signing up for (please check all that apply):

Track and Field___ Bowling Session 1___ Session2___ Bocce___
 Young Adults Club: MARCH___ Planetarium APRIL___ Adventure Falls MAY___ Sherri Barnes

*Dates/Time/Locations all subject to change.
PLEASE RSVP AT LEAST ONE WEEK IN ADVANCE -unless otherwise noted.
Limited Space available for programs- First Come/First Served- If there are too many people signed up for an activity a waiting list will begin- effective January 2009

Parent's Directory: YES NO

What information would you like for us to release:

Please Circle All that Apply

All Info

Participant Name Parent/Contact Name

Address Phone # Cell # Email

I am interested in being a SOKY parent coach Yes___ No___

Photo Release: ___ No ___ Yes - I agree to allow the City of Richmond Parks & Recreation Dept. to use my child's picture for publicity purposes.

*I, the parent/guardian, of the above named child, hereby give my approval to participate in any and all Parks and Recreation activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks and Recreation Dept., Madison Indoor Sports, Richmond Little League, Special Olympics of Kentucky, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. At all Richmond Parks and Recreation activities, I will practice the rules of good conduct and sportsmanship.

Parent/ Guardian Signature: _____ *Date: _____