

# Rittman Recreation Center Program Application

## STAFF USE ONLY:

Amount Paid: \_\_\_\_\_

Cash    Check   Check #: \_\_\_\_\_

Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_   Age: \_\_\_\_\_   Grade: \_\_\_\_\_

Program Title: \_\_\_\_\_

Do you have a sibling in the same program?    Yes    No   Name: \_\_\_\_\_

Shirt Size (circle one):   YS   YM   YL   AS   AM   AL   AXL

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### Please Read Carefully Release of Claims and Promise Not to Sue

As a participant in this and any other program of the City of Rittman Parks and Recreation Department, I/we recognize and acknowledge that there are certain risks and I/we agree to assume all such risks including any damages resulting from physical injuries, death, loss of service or consortium, loss or damage to property, or any other loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the Rittman Parks and Recreation Department accepting me or my child's registration, and with the intent to be legally bound, I hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the City of Rittman Parks and Recreation Department.

Furthermore, I/we promise not to sue the City of Rittman Parks and Recreation Department and its officers, agents, servants, employees, and insurers, from any and all liabilities, claims, demands, actions or causes of action resulting from physical injuries, including death, loss of services or consortium, loss or damage of property, or any other loss to me on account of my participation in this and all other programs of the City of Rittman Parks and Recreation Department

*By signing this form, you may give up your legal rights*

⇒ Signature: \_\_\_\_\_   Date: \_\_\_\_\_

If under 18 years old, **MUST** be signed by a parent or guardian.

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### Medical Release Form Rittman Recreation Center

Name of Participant: \_\_\_\_\_   Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_   Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_   State: \_\_\_\_\_   Zip: \_\_\_\_\_

Physician's Name and Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Any known Allergies (including food): \_\_\_\_\_