

2022 Summer Rec Registration Form

{You must complete a separate form for EACH child.}

Name _____ Sex: M F Birthdate _____ Grade - April 2022 _____

Address _____

Parent/Guardian Information:

Father _____

Mother _____

Cell phone _____ Work phone _____

Cell phone _____ Work phone _____

E-Mail _____

E-Mail _____

Person to contact in case of emergency (relative/friend in or around Rush City)

Name _____ Cell phone _____ Other _____

Family Physician _____ Phone _____

Health/Medical problems we should be aware of: _____

Check baseball/softball group you wish to participate in:

BASEBALL/SOFTBALL	GRADE	June 8 th -July 14 th
_____ T-Ball (Boys and Girls)	PK (4)-K-1-2	1-1:50 p.m. M-W
_____ Peewees Boys' Baseball	Going into 4-5	2-2:55 p.m. M-W
_____ Ponytails Girls' Softball	Going into 4-5	2-2:55 p.m. M-W
_____ Recreation Fee ALL (single)	\$55.00	_____ Max. 2 or more children \$100.00
_____ LATE FEE (after May 20th)	\$10.00	

Community Ed. Camps - Registration Form

Sign up and pay for all CE sponsored camps by Friday, May 20, 2022

*All grades are as of May 2022

_____ Volleyball K -2 (\$30.00) includes T-shirt

_____ Volleyball 3-5 (\$35.00) includes T-shirt

_____ Basketball 1-4 (\$20.00) includes T-shirt

_____ Basketball 5-8 (\$20.00) includes T-shirt

_____ Football 3-6 (\$20.00) includes T-shirt

_____ Home Alone 2+ \$40.00

T-Shirt size (circle) YXS YS YM YL AS AM AL AXL AXXL

_____ CABS (Child & Baby Safety) \$50.00 11 Yrs +

Make checks payable to RCHS P.O. Box 566 - 51001 Fairfield Ave. Rush City, MN 55069. Please fill out a separate registration for each child. You may include (1) check for all children and combined activities and t-shirts. (Including Summer Rec.)

Liability Release and Medical Care Authorization

I hereby release this school district, recreation department, coaches, and/or other sponsors from any liability to my son or daughter for any reason or any kind or nature. I authorize this recreation department and/or their team physician to treat an injury to my son/daughter, the afore designated individual, during participation in the above program until our family physician can be contacted.

DATE _____ PARENT OR GUARDIAN SIGNATURE _____