

GREENE COUNTY DEPARTMENT OF PARKS AND RECREATION

RICHMOND FLYING SQUIRRELS

Class AA Affiliate of the San Francisco Giants



Sunday, July 9th
\$10



Richmond Flying Squirrels Trip

Professional Baseball in the Capital City of Virginia!!!

Join GCPR on our trip to see the Richmond Flying Squirrels (AA affiliate of the San Francisco Giants) in nine innings of “America’s Pastime” July 9, 2012. We’ll board a school bus at 9:00a.m. at Ruckersville Elementary School for our ride to Richmond. Once at the “The Diamond”, you’ll have ample time to visit “The Squirrels Nest” souvenir shop (one of the largest in Minor League Baseball), visit any of the food vendors (serving a wide variety of fare from bbq, burgers, hot dogs and squirrely fries to peanuts, popcorn and pretzels), and still be in your seat to see both teams warming up pre-game. First pitch is scheduled for 12:05p.m. Departure from Richmond and arrival back in Ruckersville will depend on game length, but we hope to arrive back in town no later than 5:00p.m.

Children under the age of 16 must be accompanied by an adult.

Space is limited to the first 40 registered.

GREENE COUNTY PARKS AND RECREATION
P.O. Box 358 Stanardsville, VA 22973 434-985-5226
FLYING SQUIRRELS TRIP REGISTRATION FORM



Participant Name _____
Home Phone _____ Work Phone _____
Mailing Address _____ City _____ Zip _____
Start Date 07/09/12 Fee \$10

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child’s participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature Participant _____

Print Name Participant _____

Date _____