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# Summer Rec Registration

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## RESPONSIBLE PARTY (REQUIRED)

Last Name	First Name	MI
Birth Date (MM/DD/YY)	Gender	
Street Address		
City	State	Zip
Email		
Primary Phone	Wireless Carrier	
Emergency Contact Name	Relationship	
Emergency Contact Phone	Emergency Contact Alt. Phone	

## PARTICIPANTS

Last Name	First Name	Gender
Birth Date (MM/DD/YY)	TShirt SZ	
Last Name	First Name	Gender
Birth Date (MM/DD/YY)	TShirt SZ	
Last Name	First Name	Gender
Birth Date (MM/DD/YY)	TShirt SZ	
Last Name	First Name	Gender
Birth Date (MM/DD/YY)	TShirt SZ	

### NOTES:

To make this summer as successful as possible for your child please provide us with any important information our staff needs to know. Examples include Medical needs, allergies, unique needs or concerns, dietary needs, triggers, calm down methods, etc.

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I, the undersigned, have received a copy of the Summer Rec policies. I agree to abide by these and any future rules and regulations which may become effective. I also agree to discuss these with the aforementioned person, if they are under the age of 18. I understand Summer Rec registration may be revoked or suspended for failure to abide by the rules and regulations as outlined within SRAC Policies.

**Member Initials:** \_\_\_\_\_

### **COVID-19 Release**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Rec Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Rec Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Rec Center or participation in the Rec Center's programming ("Claims"). On my behalf, and behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Rec Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Rec Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Rec Center program.

This Release and indemnity agreement shall be binding upon the registrant and me, and our heirs, personal representatives, agents, successors and assigns.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE RELEASE.

**X** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature/ Parent Signature Required if under 18 years of age

The City Of Spearfish may choose to close or limit the number of patrons allowed in Summer Rec due to weather, natural disasters, Covid-19, limited staffing, or any other reason deemed necessary by SRAC staff/and or the City Council. If such a closer or patron limitation is warranted a refund is **not** guaranteed.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. **Member Initials:** \_\_\_\_\_

### **Media and Likeness Permission**

I authorize...  I do not authorize... photos and other materials which may bear my likeness to be used for marketing purposes.

**Member Initials:** \_\_\_\_\_

### **Cancellation Policy**

To receive a refund, you must provide written cancellation via text to 605-645-4986 or email to [recreation@cityofspearfish.com](mailto:recreation@cityofspearfish.com) at least 1 week before the scheduled day of attendance. **Member Initials:** \_\_\_\_\_

I agree to indemnify and hold harmless the City of Spearfish Recreation Department, its successors, assigns, and the City of Spearfish from any and all claims for any and all injuries suffered or caused by said member in use of the equipment, facility or programs used and/or held at the City of Spearfish Recreation Department. It is likewise assumed that the said guest will wear the proper clothing and protective equipment when participating in the programs and/or using the equipment or facilities available at the City of Spearfish Recreation Department. It is the responsibility of the parent or guardian if member is under the age of 18, to make sure this criteria is met or guardian will assume all responsibility for any and all injuries to the member or by the member while using the equipment, facilities, and participating in the programs offered by the City of Spearfish Recreation Department. I have fully informed myself and/or my child of the contents of this affirmation and release by reading it before I signed it. I understand the terms of the release and agree to abide by them. I acknowledge that I have read and understand the above release and SRAC policies.

**Release from Rec Program**

In some instances, an activity will conclude before the scheduled time. Some children would like to leave. We want you to tell us if it is okay for your child to leave the area without a parent/guardian present (Yes), or should we keep your child under our supervision until the end of the scheduled time period (No). **Yes No**

**Late Pickup**

The Summer Rec program concludes at 5 pm; please plan accordingly to pick up your child(ren) by 5 pm. If your child(ren) is not picked up by 5:30 pm there will be an additional \$25 fee for the extra staff time.

My Child is 9 years old or older and may be released to the Rec Center at 5 pm with a current membership or day pass.

**Member Initials:** \_\_\_\_\_

**Fieldtrips**

Some recreation activities include field trips to parks, public sites, or tourist attractions. I hereby consent to the staff of Parks and Recreation taking my child on field trips during the recreation activity. **Member Initials:** \_\_\_\_\_

**X** \_\_\_\_\_  
Printed Name

**X** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature/ Parent Signature Required if under 18 years of age