

# 2020 NEW ROCKFORD PARK DISTRICT

## Summer Activities Registration Form

**LATE FEE STARTING JUNE 1, 2020 ADD \$10/SWIM LESSON AND \$20/BALL SPORT**

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

Mom's Name & Cell Number: \_\_\_\_\_

Dad's Name & Cell Number: \_\_\_\_\_

Other's Name & Cell Number: \_\_\_\_\_

EMAIL (MOST OFTEN CHECKED): \_\_\_\_\_

PARTICIPANT'S NAME(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ACTIVITY (SEE OTHER SIDE) LATE FEE STARTING JUNE 1 ADD \$10/SWIM LESSON AND \$20/BALL SPORT**

T-BALL (5-6 YEAR OLD) \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

COACH PITCH (7-8 YEAR OLD) \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

PEE WEE (NEW) (9-10 YEAR OLD) \$50.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

CAL RIPKEN (11-12 YEAR OLD) \$80.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

BABE RUTH (13-15 YEAR OLD) \$80.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

GIRLS SOFTBALL (9-14 YEAR OLD) \$65.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

### UNIFORM DEPOSIT

\* Tball, Coach Pitch, Pee Wee, Girls \$15.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

\* Cal Ripken, Babe Ruth \$25.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

\* FAMILY MAX FOR UNIFORM DEPOSIT \$50.00 = \_\_\_\_\_

SWIM LESSONS \$40.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

(Session 1 - July 6-17) (Session 2 - July 20-31)

**\*\* PLEASE CIRCLE SESSION YOU ARE REQUESTING!!**

SINGLE SWIM PASS \$75.00 EACH x \_\_\_\_\_ = \_\_\_\_\_

FAMILY SWIM PASS \$200.00 x \_\_\_\_\_ = \_\_\_\_\_

(3 OR MORE IMMEDIATE FAMILY HOUSEHOLD MEMBERS)

TOTAL DUE \_\_\_\_\_

PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK & NUMBER \_\_\_\_\_

**\*\* SUMMER SIGN UP IS SUNDAY MAY 17, 2020 FROM 12:00N - 2:30PM AT THE NORTH PARK (ARCHIE & JESSIE CAMPBELL PARK) CONCESSION STAND!!!**

**(OVER)**



# NEW ROCKFORD PARK DISTRICT COVID-19 WAIVER

Please read this form carefully and be aware that by registering your child/ward and family for participation in programs and activities, you will be waiving and releasing all claims for injuries and infection you, your child/ward, or your family might sustain arising out of the programs and activities.

I acknowledge and fully understand the inherent risks of the COVID-19 virus and I am voluntarily enrolling my child/ward and family in an environment where the COVID-19 virus may be present and contains risk not only from my actions but also from the action, inaction or negligence of others. I acknowledge that I am choosing to enroll my child/ward and family in programs and activities, understanding the risks.

I recognize and acknowledge that there are certain risks of COVID-19 infection, physical injury and/or death to participant in programs and activities and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I, my child/ward or family may sustain as a result of involvement in programs and activities.

Further, I hereby waive and relinquish all claims that I, my insurer, my child/ward, or family may have against the New Rockford Park District, City of New Rockford, New Rockford-Sheyenne Public School, ("Provider Entities") and their officers, servants, and employees of each of these entities, from any and all claims for injuries, damages, or loss, including with the COVID-19, which I, my child/ward, or family may have or which may accrue to me, my child/ward, or family in relation to his/her involvement with the programs and activities, regardless whether the programs or activities involved are supervised or unsupervised.

I also agree to hold harmless the Provider Entities for any injuries, death, or damages, including COVID-19, sustained in relation to my family or child/ward's involvement with the programs and activities.

This agreement shall bind the members of my family, my heirs, assigns, and personal representative.

Nothing in this release shall be intended to release the Provider Entities from responsibility of fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.**

Name of participant(s): \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

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