

ACTIVITY REGISTRATION FORM - City of Rapid City Parks & Recreation

FOR OFFICE USE

- 1) BOTH SIDES of this form must be completed and signed for each individual prior to participating in any activity.
 2) Mail, Fax or drop off this form, with payment, as soon as possible to:
 Rapid City Parks & Recreation Department, 125 Waterloo Street, Rapid City, SD 57701.
 Phone: 605-394-4168 Fax: 605-394-5226

VERIFIED BY: _____
 DATE: _____

PARTICIPANT'S LAST NAME													FIRST NAME												

Address: _____ City _____ Zip _____
 Home Phone: _____ Birth Date: ____ / ____ / ____ Male _____ Female _____
 E-mail Address: _____
 Custodial Parent / Legal Guardian (if participant is a minor) _____

ACTIVITY AND PAYMENT INFORMATION

Complete when registering in-person, by mail, fax or online. Enter the activity sessions for which yo are registering the above participant.

Activity Code #	Activity Name	Start Date	Time	Fee

Payment Method: Cash Check to City of Rapid City Registered and Paid by phone
 Visa MasterCard # _____ - _____ - _____ - _____ Exp __ / __ Total Fees:
 Name on Card (Print) _____

CITY OF RAPID CITY RELEASE AGREEMENT FOR ALL PARTICIPANTS: IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE OR USE ANY CITY FACILITY IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE CITY OF RAPID CITY, ITS EMPLOYEES, OFFICES AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, weather caused by any negligent act or omission of the releasees or otherwise while the undersigned is participation in a City recreation activity or using any City facilities in connection with the activity.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by negligent act or omission of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by South Dakota law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and that I am aware of the legal consequences of this agreement, including that it presents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANT IS A MINOR, His or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of _____ (print participant's full name) who is a minor, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.

Participant or Parent/Guardian (print) _____ Signature _____ Date _____

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Please be sure to fill out BOTH sides of registration form.

Emergency Contact	Relationship	Home Phone	Work Phone	Cell Phone/Pager
1.				
2.				
3.				

It is the responsibility of the participant to disclose all relevant information regarding the participant's health and special needs. Additional information and/or a physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate assistance.

Health & Special Needs	Yes	No	If yes please explain and list current medications (circle options)
ADD, ADHD			
Allergies			Mild / Moderate / Severe
Asthma			Mild / Moderate / Severe
Communicable Diseases			
Diabetes			Type I / Type II independent in self care / needs daily assistance
Diet or activity restrictions			
Medications			
Seizure Disorder			
Other conditions / disabilities			
Wheelchair user			
Notes:			

PERMISSION TO AUTHORIZE TREATMENT FOR MINORS: In the event of emergency injury or illness while the participant is attending the recreation activity, I hereby authorize the Parks and Recreation Department to consent to medical treatment on behalf of my child. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Parks and Recreation Department and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. It is understood that if time and circumstances reasonably permit, the Parks and Recreation Department will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the City of Rapid City, its employees, officers and agents on behalf of the account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to the Parks and Recreation Department in conjunction with any activity or event in which the minor's care is entrusted to the Parks and Recreation Department.

Initial Here _____

PERMISSION FOR FIELD TRIPS FOR MINORS: Some recreation activities include field trips to parks or public sites. Staff and participants arrive at their destination by either walking or riding on City-approved vehicles. I hereby consent to the staff of Parks and Recreation Department taking my child on field trips during the recreation activity.

Initial Here _____

CODE OF CONDUCT FOR ALL PARTICIPANTS: By submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the City of Rapid City Parks and Recreation Department "Code of Conduct." (A separate signature required. Please call (605) 394-4168 or pick up your complete copy at the Swim Center Offices.)

Initial Here _____

PHOTOGRAPH RELEASE: I hereby grant to the City of Rapid City the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken in the course of City of Rapid City business. I fully understand that I hold no control over the use of these photograph(s) of which I or my child is a part. Further, I grant to the City of Rapid City and those who may represent the city the right to use my name or my child's name. I hereby release the City of Rapid City from any and all claims and demands arising out of or in connection with the City of Rapid City, as well as the person(s) who took the photograph(s).

I have fully read the foregoing and completely understand the contents.

Initial Here _____