



# Adventure Club

## Program Registration Form

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  M  F  
 Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian e-mail \_\_\_\_\_ School Year 2025/2026  
 Adventure Club Site \_\_\_\_\_ 25/26 SY Grade \_\_\_\_\_

**Please choose your district:**  Roseville City School District  Dry Creek School District  Center School District

### Preschool

	Requirements	Daily Rate
Preschool	TBD	TBD
Pre-Kindergarten	TBD	

### Adventure Club: TK-5<sup>th</sup> Grade *\* TK-6<sup>th</sup> Grade only available in Center School District*

	M	T	W	Th	F	School Year/Summer
Before School--Select sites only						
After School						

### Permission to Participate

In consideration of the permission by the City of Roseville (CITY) to accept the named participant(s) in the activity(ies) given, taught or sponsored by the CITY, the undersigned hereby releases the CITY from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the CITY, its officers, agents or employees. The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this registration is submitted, and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Adventure Club and Preschool. I hereby grant permission for my child to leave the premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluations and pictures and publicity connected with the program. I understand that monthly fees will be based on the number of days and type of care scheduled on this agreement. I agree to pay all fees related to this agreement until a new agreement is executed or this agreement is cancelled. I understand that the City of Roseville Adventure Club program will evaluate fees on an annual basis and that a 30 day written notice will be given to me should a change in fees occur.

The undersigned acknowledges the potential of exposure to COVID-19 and other illnesses while participating in or attending meetings, practices and/or competitions, and that this potential exposure carries a risk of infection, serious illness or death for the participants and household members. The undersigned is voluntarily participating in the class/activity, and agrees to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

**NOTE: BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO RELIEVE THE CITY OF LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE EXCEPT AS MAY BE CAUSED BY THE ACTIVE NEGLIGENCE OF THE CITY.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Staff Use Only

- Schedule Change  Added Care Only  
 MCD  PCOE/CH ACT

Effective Date \_\_\_\_\_  
 Approved by \_\_\_\_\_

