



# Adventure Club

## Summer Program Registration Form

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_  M  F

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Adventure Club Site \_\_\_\_\_

Grade \_\_\_\_\_

### Schedule care by placing an "X" on the desired weeks to attend:

- Week 1: Went Viral** | June 1 - 5 (**Week 1: Not applicable for Dry Creek School District**)
- Week 2: Built From Scratch** | June 8 - 12
- Week 3: Trained a Dragon** | June 15 - 19
- Week 4: Lived in a Pineapple** | June 22 - 26
- Week 5: Got my Hogwarts Letter** | June 29 - July 2 (**Closed July 3rd**)
- Week 6: Cooked** | July 6 - 10
- Week 7: Learned a New Language** | July 13 - 17
- Week 8: Ran The Circus** | July 20 - 24
- Week 9: Will Never Forget** | July 27 - 31
- Week 10: Found a New Friend** | August 3

### 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 \_\_\_\_\_

|  |  |                      |
|--|--|----------------------|
| <i>Staff Use Only</i>                    |  | Effective Date _____ |
| <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Added Care Only | Approved by _____    |
| <input type="checkbox"/> MCD             | <input type="checkbox"/> PCOE/CH ACT     |                      |
|  | <input type="checkbox"/> CDE             |                      |

