



INDIVIDUAL ACTIVITY REGISTRATION FORM

SPEARFISH REC & AQUATICS CENTER • 122 RECREATION LN • SPEARFISH SD 57783 • (605) 722-1430
ONLINE REGISTRATION Available at: SpearfishRecCenter.com



PRIMARY CONTACT (ADULT)

Name _____ Date of Birth _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Preferred Contact Phone (____) _____ Text Notification Phone (____) _____
 Emergency Contact _____ Relationship to Registered _____ Emergency Phone (____) _____
 (if different than primary)

ACTIVITY REGISTRATION

Name(s) of Participant(s) PRINT First & Last	Date of Birth (mm/dd/yy)	Age	Gender (circle)	Activity	FEE	T-Shirt Size (If Applicable- Circle One)
			M F	1st: _____ 2nd: _____ 3rd: _____		XS S M L XL XXL
			M F	1st: _____ 2nd: _____ 3rd: _____		XS S M L XL XXL
			M F	1st: _____ 2nd: _____ 3rd: _____		XS S M L XL XXL
			M F	1st: _____ 2nd: _____ 3rd: _____		XS S M L XL XXL
Total Fees: _____						

PAYMENT METHOD: Cash Check# _____ Credit/Debit Card (Visa, Mastercard, Discover) Registered by Phone

We accept VISA, MasterCard, Discover or Check. Make checks payable to SRAC: Return to SRAC via mail, email, fax or drop off at 122 Recreation Ln.
 You may also register ONLINE at spearfishreccenter.com.

Mailing Address: 625 N 5th Street, Spearfish SD 57783. Email to recreation@cityofspearfish.com, Fax (605)722-1436

PLEASE COMPLETE BOTH SIDES OF FORM

RELEASE FROM LIABILITY - CITY OF SPEARFISH

I, the parent/guardian and or the registrant, agree that I and the registrant will abide by the rules of the Recreation Activities, its affiliated organizations and sponsors. Recognizing the probability of physical injury associated, and being cognizant of the basic safety rules for activities connected therewith, and in consideration of the Recreation Activities or its programs accepting the registrant for its programs and activities:

I hereby RELEASE, DISCHARGE AND OR OTHERWISE INDEMNIFY the Spearfish Recreation Center, Recreation Activities, City of Spearfish, its affiliated organizations and sponsors, their employees and associated personnel, including the City of Spearfish, its agents and employees as the owners of the facilities utilized against any claim by or on behalf of the registrant's enrollment and participation in the Recreation Activities programs which may result in injury, death or other damages to the registrant or the registrant's family, heirs or assigns.

In consideration of the registrant being allowed to enroll and participate in the Recreation Activities and its programs, I hereby personally assume all risks in connection with said participation, and I further RELEASE the aforementioned Recreation Activities and its programs, its affiliated organizations and sponsors, their employees and associated personnel, including the City of Spearfish, its agents and employees as owners of the fields and the persons mentioned, for any harm, injury or damage which may befall the registrant while a member or participant at the Recreation Activities and its programs including all risks connected therewith, whether foreseen or unforeseen.

I, the parent/guardian and or the registrant, further state that I am of lawful age (and or the parent/guardian of the renter/guest) and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and on behalf of myself or my child. This Release and indemnity agreement shall be binding upon the registrant and me, and our heirs, personal representatives, agents, successors and assigns.

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.

I have executed this release at Spearfish, South Dakota on _____/_____/_____

I HEREBY AGREE TO ABIDE BY THE SPEARFISH RECREATION CENTER, RECREATION ACTIVITIES, PROGRAM POLICIES & PROCEDURES:

I am Parent/Guardian of participant UNDER 18 Years of Age

I am Participant over 18 Years of Age

Signature: _____

MEDIA AND LIKENESS RELEASE

I authorize.... I do not authorize.... photos and other materials which may bear my likeness to be used for marketing purposes, and I waive any right to inspect or approve the finished publications where photos may be used now or in the future, whether known to me or unknown.

Member Initials: _____

MEDICAL CONDITIONS/EMERGENCY CARE

Please list any MEDICAL CONDITIONS or BEHAVIORAL CONCERNS that the staff should be aware of:

I, participant, or parent/guardian of the named participant, do hereby grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said participant as, in the judgment of said doctor or hospital, may be required on an emergency basis, in the event that the said participant should be injured or stricken ill while participating in this program.

Parent/Guardian/Participant over Age 18 Initials: _____

Doctor's Name: _____

AUTHORIZED RELEASE FOR REC PROGRAMS (COMPLETE FOR UNDER AGE 18)

I authorize... I do not authorize... the Program Staff to release my child/children at the end of the recreation program without a parent or guardian present. 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 (DO), or should we keep your child under our supervision until the end of the scheduled time period (DO NOT).

Parent/Guardian Initial Here _____

FIELD TRIPS (COMPLETE FOR UNDER AGE 18)

Some recreation activities include field trips to parks or public sites. I hereby consent to the staff of Parks and Recreation taking my child on field trips during the recreation activity.

Parent/Guardian Initial Here _____

REFUND/CANCELLATION POLICY

No refunds will be given after the course/activity has started. 48 hours advanced notice is required for refunds.

Parent/Guardian Initial Here _____



FOR OFFICE USE ONLY:

Staff: _____

Date: _____

Amount Received: _____