



REGISTRATION 2022

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent (s)/ Guardian Name: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ Cell phone 2: \_\_\_\_\_

Parent (s)/ Guardian Address (if different):  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*Known Medical Conditions & Allergies: \_\_\_\_\_

Any additional info we need to know about your child: \_\_\_\_\_

Rc<sup>3</sup> Membership Type: \_\_\_\_\_ Family \_\_\_\_\_ Parent with Child(ren)

**CAMP INFO:**

SESSION:

\_\_\_\_\_ June 13 – 17 Week 1: Sports Combo

\_\_\_\_\_ June 20 – 24 Week 2: Soccer

\_\_\_\_\_ June 27 – July 1 Week 3: Tumbling

\_\_\_\_\_ July 11 – 15 Week 4: Volleyball

\_\_\_\_\_ July 18 – 22 Week 5: Basketball

\_\_\_\_\_ July 25 – 29 Week 6: Sports Combo

SIBLINGS: \_\_\_\_\_

Member fees: \$85/ week (\$10 discount for child 3/ \$20 for child 4 and more) TOTAL FEES/WEEK: \_\_\_\_\_

Non-member fees: \$100/ week (\$10 discount for child 3/ \$20 for child 4 and more) TOTAL FEES/WEEK: \_\_\_\_\_

TOTAL FEES: \_\_\_\_\_ # of weeks x weekly fee = \_\_\_\_\_

Financial Assistance provided: YES NO Amount per week: \$ \_\_\_\_\_

**PERMISSION REQUEST**

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Rhea County Community Center its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my child's presence or involvement at the facility.

This waiver and release is intended to and does release Rc3 from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and 's negligence. This is not intended to release Rc3 from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against Rc3 for any claim released by this Agreement. I further agree that should any claim be made Rc3 in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) Rc3 for any such claim and expenses including attorney's fees and costs incurred Rc3 in defending themselves or security indemnity hereunder.

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is participating in Rc3 programs.

As such, and in consideration for program services to be provided by the Rc3, the undersigned fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

2. I understand that Rc3 is not responsible for any lost, stolen, or damaged valuables or property.

3. I hereby grant to Rc3 the unrestricted right to use and publish photographic images of my child, or in which he/she may be included, for marketing materials, Rc3 websites or Rc3 social networks, editorial trade advertising, and any other lawful purpose related to the Rc3 .

I hereby release the Rhea County Community Center and the City of Dayton from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.

2. Medical treatment cost are covered by:

Insurance Company: \_\_\_\_\_

Child's Physician/Clinic: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_