

SRC Summer Youth Recreation Program REGISTRATION FORM

Camper's Name: _____

Date of Birth: _____ Age: _____ Grade in the **Fall of 2023**: _____

Parent/Guardian 1: _____

Address: _____ Home Phone Number: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____

Address: _____ Home Phone Number: _____

Email: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT & AUTHORIZED RELEASE INFORMATION

The follow person(s) are authorized to pick up my child in case of an emergency or routinely
from the SRC Summer Camp:

Contact #1: _____ **Phone:** _____

Contact #2: _____ **Phone:** _____

Contact #3: _____ **Phone:** _____

Contact #4: _____ **Phone:** _____

Physical Health

Any food or environmental allergies?

Any dietary restrictions?

Past or present health problems? (Asthma, frequent headaches, seizure disorder, etc.)

Is there any other information you would like to share about your child's health?

Interests

Please check those which apply to your child:

Sports

Reads books

Singing / Instrument / Writes music

Creates own writing projects

Crafts / Jewelry / Draw/ Paint

Builds models/Legos/etc.

Rides a bike, skateboard, or scooter

Cooking

Enjoys competition

Nature Walk / Hike / Camp / Canoe / Kayak

Imaginary play

Personality

How would you describe your child's demeanor/personality? _____

What are some effective behavior management strategies that work with your child?

Any additional information that will help staff to best work with your child?

FINANCIAL AGREEMENT

I hereby promise to fulfill the financial obligations as they are described below in order that my child, _____, is enrolled in the SRC Summer Camp 2023. I understand that I may be asked to contribute additional fees for special events that are beyond the fees listed below (ex: tipping guides, lunches out, etc.)

NO EARLY ARRIVAL / LATE PICK-UP

If your child arrives or is picked-up more than 15 minutes beyond program hours parents/guardians will be charged \$10 for each incident.

REFUND POLICY

If your child must terminate their participation in the Summer Youth Recreation Program or if they have an emergency prolonged absence, you may write a letter of request to the Skagway Recreation Center Director. Refunds will be considered on a case-by-case basis.

DROP-IN FEES & WAITING LIST

To ensure the quality of the program, space is limited. Enrollment is on a first come first serve basis. Depending on availability, participants may pay a **\$30 per day drop-in fee** if space becomes available. **All paperwork must be on file and payment received beforehand for child to attend.** Payments must be received on or before the day of attendance. An additional charge of \$10.00 per occurrence will be added to all payments received after camp has begun.

Topical Skin Products Authorization

Camper's Name _____ AGE _____

I give **SRC Summer Youth Recreation Program** Staff permission to use the following topical products on my child when necessary and as prescribed by the manufacturer on the product label.

_____ Sunscreen

_____ Bug Repellent

_____ Hydrating Lotion

Parent Signature

DATE

STAFF SIGNATURE

DATE

General Fieldtrip Parental Consent

Release from Liability and Indemnity Agreement

The SRC Summer Youth Recreation Program collaborates with many local organizations to facilitate enriching activities and incorporates various local hiking trails and organizations into learning activities.

We/I, parent/guardian(s) of _____, a minor, do hereby consent to his/her participation in Skagway Summer Youth Recreation Program fieldtrips within the Municipality of Skagway and the following locations during June and July:

•Skagway Public Library	•Yakutania Point	•Skagway Traditional Council
•Skagway Museum	•Smugglers' Cove	•Lower Lake Hiking Trail
•National Park Service	•Icy Lake	•Pullen Pond
•Alaska Mountain Guides	•White Pass & Yukon RR	•Seven Pastures
•Gold Rush Cemetery	•Dyea Flats/Campground	•Molly Wash Park

Additional permission slips will be used for special fieldtrips.

A first aid kit, cell phone, and copies of children's emergency cards accompany every fieldtrip.

Staff closely supervises the children at all times.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

SRC Summer Youth Recreation Program Sign in/Sign Out Procedure Designation

We require that a parent/guardian sign in and sign out a child daily. If a parent/guardian would like to set up a consistent alternative plan, it must be specified clearly in writing below.

Camper's Name: _____ Age _____

Check one and please specify details below:

_____ I will sign in and sign out my child daily. **Phone Number:** _____

OR

_____ My procedure for sign in is:

My procedure for sign out is:

PARENT SIGNATURE

DATE

The Skagway Recreation Center (SRC)
P.O. Box 868 /
Skagway, Alaska 99840
www.skagwayrecreation.org
Phone:: (907)-983-2679 E-mail: reccenter@skagway.org

Date: _____

Dear Canadian and US Customs;

I, _____, give
Jeanne Tyson/Johanna Evans/Jessica Jagelski, the Skagway
Recreation Center Group Leaders permission for my child,
_____,

to travel into Canada on _____ as
part of Skagway Summer Camp.

Thank you in advance for your cooperation!

Sincerely,

Signature of Parent

Date

Signature of Parent

Date

PHOTO RELEASE FORM

MINOR CHILD'S NAME _____

PARENT(S) _____

ADDRESS _____

PHONE _____ OR _____

EMAIL _____

_____ I **DO** give permission for my child's picture to be used by the Skagway Recreation Center on their website or social media, or any other publication in conjunction with Skagway Recreation programs, with the understanding that his/her name will **not** be used with the photo, nor will he/she be identified in any other way.

_____ I **DO NOT** give permission for my child's picture to be used by the Skagway Recreation Center.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date

**Skagway Recreation Center (SRC) Summer Day Camp
Acknowledgement and Assumption of Risks
& Release and Indemnity Agreement**

In consideration of the services of the Skagway Recreation Center (SRC) Summer Day Camp, its agents, owners, officers, employees, representatives and all other persons or entities associated with it (hereafter collectively “SRC Summer Day Camp”) the participant, including parent(s) of minor participants, agree with the following:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

Engaging in commercial rafting, kayaking, aircraft flights, rock climbing, and other guided tourism activities as part of SRC Summer Day Camp involves inherent risks, hazards and dangers that can cause injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others. The following describes some, but not all of those risks, hazards and dangers:

- 1.) **Risks involved in physical activity.**
- 2.) **Risks in decision-making.**
- 3.) **Equipment failure or misuse.**
- 4.) **Risks regarding conduct.**
- 5.) **Such other risks, hazards and dangers associated with water activities and the use of commercial rafting and kayaking equipment.**

I understand that the above list is not complete and that other unknown or unanticipated risks, hazards and dangers may result in injury, damage, death or other loss. I acknowledge that participating in these activities requires a special degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I have no mental or physical problems or limitations that might compromise or affect my ability to participate in rafting or kayaking activities which have not been disclosed to **the SRC Summer Day Camp**. I am fully capable of participating in these activities without causing harm to me or others and I agree to follow all SRC Summer Day Camp and **Commercial Guiding** rules and regulations. I understand that the presence of **SRC Summer Day Camp** personnel is absolutely no assurance of my safety or the lessening of any of these risks.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This section contains a Release and Indemnity Agreement and surrender of certain legal rights.

Participant, if he/she is an adult, or parent(s), for themselves and on behalf of their participating minor child:

- (1) **Agree to release and covenant not to sue The Municipality of Skagway, with respect to all claims, liabilities, suits or expenses (including attorney’s fees and costs), arising out of any injury, damage, death or other loss to me or my child in any way connected with my/my child’s enrollment or participation in SSC activities. I understand and I agree to waive all claims I may have against The Municipality of Skagway and SRC Summer Day Camp and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against the Municipality of Skagway or SRC Summer Day Camp as a result of any injury, damage, death or other loss suffered by me or my child;**
- (2) **Agree to defend and indemnify (“indemnify” meaning protect by reimbursement or payment) Municipality of Skagway and SRC Summer Day Camp with respect to all claims, liabilities, suits or expenses (including attorney’s fees & costs):**

- (a) brought by or on behalf of me, my child, or a family member, arising out of any injury, damage, death or other loss to me or my child in any way connected with my/my child's enrollment or participation in **SRC Summer Day Camp** activities or,
- (b) brought by a co-participant or any other person, arising out of any injury, damage, death or other loss claimed to be caused, in whole or in part, by my/my child's conduct in the course of participating in **SRC Summer Day Camp** activities.

This Release and Indemnity Agreement includes any losses claimed to be caused, in whole or in part, by the negligence of the SRC Summer Day Camp or Municipality of Skagway and includes claims for personal injury, property damage, wrongful death, products liability, breach of contract or otherwise.

CONCLUSION

I authorize **SRC Summer Day Camp** staff to obtain or provide medical care for me/my child or to transport me/my child to a medical facility. I authorize medical personnel to render such treatment they deem necessary for me/my child's health. I agree that **SRC Summer Day Camp** has no responsibility for medical care provided to me/my child and I agree to pay all costs associated with such medical care and transportation.

Any portion of this Document deemed unlawful or unenforceable shall not affect the enforceability of the remaining provisions of this Document and the remaining provisions shall continue in full force and effect.

I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself and my family and my heirs, executors, representatives and estate.

Participant Name

Parent or Guardian Signature

Date

Print name here