

2020-2021 FALL & WINTER PROGRAMS REGISTRATION FORM

Make all checks payable to Bettendorf Park Board.
Mail or Deliver with Payment to Bettendorf City Hall, 1609 State Street, Bettendorf, IA 52722.

PARTICIPANT's First Name: _____ **Last Name:** _____ **DOB:** _____ **AGE:** _____

Address: _____ **City:** _____ **ST:** _____ **ZIP:** _____

Email1: _____ **Email2:** _____

Phone1: _____ **Phone2:** _____ **Parent/Guardian Name(s):** _____

Current Grade: _____ **Gender:** _____ **Allergies:** _____ **Medications:** _____

Special Needs: _____ **School:** _____

Leagues: Would you like to volunteer as Head Coach? _____ **Assistant Coach?** _____ **League?** _____
Please provide your name, phone #, and email address: _____

Skiing/Snowboarding: Skill Level? Beginner _____ Intermediate _____ Advanced _____ **Do you have your own equipment?** _____
Height _____ **Weight** _____ **Shoe Size** _____ **Will you be skiing or snowboarding? (circle one)**

ACTIVITY/LEAGUE/CLASS	SESSION	FEE

PARTICIPANT's First Name: _____ **Last Name:** _____ **DOB:** _____ **AGE:** _____

Address: _____ **City:** _____ **ST:** _____ **ZIP:** _____

Email1: _____ **Email2:** _____

Phone1: _____ **Phone2:** _____ **Parent/Guardian Name(s):** _____

Current Grade: _____ **Gender:** _____ **Allergies:** _____ **Medications:** _____

Special Needs: _____ **School:** _____

Many of our fall/winter leagues rely on parents to help coach their child's team. Would you like to volunteer as Head Coach? _____ **Assistant Coach?:** _____ **If so, which program:** _____ **And please provide your name, phone #, and email address:** _____

Skiing/Snowboarding: Skill Level? Beginner _____ Intermediate _____ Advanced _____ **Do you have your own equipment?** _____
Height _____ **Weight** _____ **Shoe Size** _____ **Will you be skiing or snowboarding? (circle one)**

ACTIVITY/LEAGUE/CLASS	SESSION	FEE

Permission to Participate
INDEMNIFICATION WAIVER OF PARENTAL CLAIMS

THE CITY OF BETTENDORF REQUIRES THIS FORM BE SIGNED BEFORE PARTICIPATION IN A CITY SPONSORED ACTIVITY.
IF THIS FORM IS NOT SIGNED, YOU OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE.

DO NOT SIGN IF YOU HAVE ANY QUESTIONS.

*****Participants may not attend their program if they OR a member of their household
has tested positive for COVID-19 and/or is under quarantine*****

If you are signing on behalf of a minor, both parents must sign. In the case of a single parent home, the custodial parent must sign. If you are registering your child for class electronically, completion of the registration will be considered consent and agreement by both parents.

1. You agree to release, waive, and hold harmless the City of Bettendorf, the Bettendorf and Pleasant Valley Community School District, agents, employees, volunteers, and contractors of either entity (Collectively referred to as "RELEASEES") from any and all liability which may accrue to you from your child's participation or your participation in the following activity: _____
2. This release waives all of your claims whatsoever, known or unknown, which may arise by virtue of your child's participation or your participation in the activity, including injury or death, and damage to property, however such claim may arise, including but not limited to breaches of duty (such as breach of the duty of care) and acts of current or future negligence by Releasees, their respective officers, employees, or agents, including, but not limited to, negligent care, supervision, or control. This release waives any of your claims whatsoever against the Releasees arising from the actions of any other participant in the activity or any other third party. Further, this release covers all activities immediately before and after participation, including transportation to or from the event, and waiting for rides from City or School facilities after the event.
3. You agree to defend and hold harmless Releasees, their respective officers, employees, or agents against any claim, cause, loss, cost, or damage whatsoever, including attorney fees, that arise from the above-described activity or your child's participation in the above-described activity, including, but not limited to damages for injury to your child or another person. This means, in part, that in the event something happens to your child during his/her participation in the activity, and your child decides to sue the Releasees, that you agree to pay any sums awarded to your child, and to pay the Releasees' attorney fees incurred in the defense of any litigation. You are also agreeing to pay for any damage caused by your child during participation in the activity.
4. Participation involves a risk of injury. By signing this form, you represent that you have considered the risks of your child's participation or your participation in the activity, have obtained any medical clearance necessary to participate, and you or your child are able to participate without harm to your child, yourself or others. You represent you or your child will use any program equipment with care for himself/herself, yourself, other participants, and the surroundings. You have evaluated the risks of participation in the event by your child, and grant permission for your child to participate.
5. In the event of injury, program supervisors shall administer basic first aid, and shall summon emergency services via 911. Supervisors are not trained to provide detailed medical care, and shall not, without prior agreement, provide medications. All costs of emergency care are the responsibility of the participant/ participant's legal guardian(s). **NO INSURANCE IS PROVIDED BY THE CITY FOR INJURY TO PARTICIPANTS.** All claims for reimbursement of medical care costs, including emergency transportation, for you or your child are hereby waived.
6. Parents or others may take audio or video recordings of the participants. The City does not supervise or restrict recordings of public activities by third parties. You agree that photos or videos may be used in promotional materials produced by the City to encourage participation in the activity.
7. You and your child agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in removal from the activity, and you and your child agree that any program fees paid will be kept and not refunded. In the event of a problem while engaged in the activity, notify the activity manager/supervisor.
8. This waiver pertains to the activity or class listed on this registration form. Details regarding this activity/class such as name, location, dates, times, instructors, lesson plans, etc. are subject to change without notice. Fees for any/all future exact or similar activities/classes are also subject to change without notice.
9. This Permission to Participate and Hold Harmless is given in partial consideration of you and your child being allowed to participate in the activity described, and binds yourself, your personal representatives, and any heirs or assigns.
10. In the event a court of competent jurisdiction declares any part of this indemnification agreement to be invalid, the balance of the agreement shall be deemed to survive and be binding upon you.

Cancellation Policy:

- If cancelling *before* a league's coaches meeting OR *before* a program's registration deadline, you will receive an **80% credit** on your Parks and Recreation account. NO credit will be given for any cancellation after these dates.
- Playgrounds: No credit will be given for Playground field trips unless cancelled by staff due to weather, then we'll issue a full credit (not a refund) to your account for that cancelled field trip.
- Credit on your account will never expire and may be used for any future Recreation Program or League, a Recreation shirt, a shelter or ballfield reservation, any membership/class/rental at the Life Fitness Center, or any purchase at the Palmer Hills Golf Course (PHGC), Splash Landing (SPL), or the Family Museum.
- If cancelling because the participant is moving out of the area or has a medical problem, you will receive a prorated refund **up to 50%**.
- If the Parks and Recreation Department cancels a program, you will receive a 100% refund or a prorated refund if the program has already begun.

I HAVE READ THIS DOCUMENT CAREFULLY, UNDERSTAND IT, AND AM SIGNING FREELY AND WITHOUT RESERVATION OR CONDITION.
(IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU.)

Dated this _____ day of _____, 20____.

_____ **Participant Signature (if 18+)** _____ (print name)

_____ **Parent Signature** (if participant is under 18) _____ (print name)

_____ **2nd Parent Signature** (if participant is under 18) _____ (print name)

_____ **Custodial Parent Signature (if only 1 legal guardian)** _____ (print name)