

BUSY BODIES OPEN GYMS

Fridays, Join us at the Cold Spring Community Center, 10 – 12

April 2nd, April 23rd, April 30th, 5/28

Join us for 1 day or more, your choice

\$5/child/day

PRE-REGISTRATION or DROPS INS.

Drop in will need to complete registration and waivers upon arrival, Pre Registration is recommended to guarantee a spot, Covid Guidelines are restricting numbers. Children over 2 must wear a mask.

Free Play at your child's favorite Busy Bodies station/s or just come and check out what Busy Bodies is all about and meet Miss Kelsey. Once registered if you cannot attend please let us know so that we can cancel your registration and make room for others. Only one guardian can attend and Guardian must stay for open gym.

We at NK Rec take your health and safety very seriously. We will be abiding by the State COVID Guidelines that are subject to change. Masks are now required for participants, coaches and volunteers over the age of 2. Please bring hand sanitizer. There will be a screening at drop off, in some cases, including temperature taking, please allow yourself an extra few minutes. If you answer YES to any screening questions or you have a temperature you will not be allowed to participate that day. At this time, we are allowing minimal and in most cases no spectators. Athletes are recommended to get weekly COVID-19 tests. If you have tested positive or recently been in contact with a positive case inform your coach/instructor immediately. If you have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised discretion for participation will be advised. For additional information call the office or visit repoeningRI.com

The North Kingstown Recreation department offers a program for kids 18 months through Pre-K called Busy Bodies. This program consists of classes that focus on age appropriate developmental skills. These skills include but are not limited to: fine motor, gross motor, coordination, balance, strengthening, social, academic, classroom behavior, working together, etc. All skills are developed through activities in which the child is playing in a gym like area. Register for all programs at https://nkrec.recdesk.com/Community. Questions? 268-1540

NORTH KINGSTOWN RECREATION BUSY BODIES OPEN GYM
(PLEASE PRINT)

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NAME			_ M F B	BIRTHDA	\TE	
ADDRESS				028		
EMAIL						
	CELL PHONE					
SERVICE PROVIDER	REC	EIVE TEX	T NOTIF	ICATION	IS?Y N	
MEDICALPROBLEMS?				_		
EMERGENCY_ CONTACT name/phor	ne					
PARENT/GUARDIAN SIGNATURE_						
Circle the session/s you are attending	4/2	4/23	4/30	5/14	5/28	
Fee: \$5/child/day						

TOWN OF NORTH KINGSTOWN RECREATION DEPARTMENT

100 Fairway Drive

North Kingstown, Rhode Island 02852 Phone (401) 268-1542

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name of Minor's Parent or Legal Guardian)	state that
(Print Minor's Legal Name) minor") the minor wishes to participate in (Print Name	(hereafter referred to as "the e of Event or Program)
sponsore	ed by the North Kingstown Recreation Department (the "Recreation
Department").	3 3 3
the minor does not have to participate. It is understood injury to the minor's person or damage to the min guardian(s) voluntarily accept and assume the risk of the minor's participation in the event or program. It is understood that the Recreation Department DC property; and minor's parent(s) or guardian(s) acknow own health care needs, and for the protection of the In exchange for allowing the minor to participate in agrees to release from liability, indemnify, and hold employees for any injury to the minor's person or dar as a consequence of the minor's participation in the been caused, in whole or in part, by any negligence or officers, or employees. This Hold Harmless Agreement and Release shall be in interest, and/or any person(s) suing on the minor's The minor's parent(s) or guardian(s) understand that representations made to them concerning this doc Kingstown, its officers, agents and/or employees. PARENT OR LEGAL GUARDIAN MUST SIGN BELOW: I, the undersigned, state that I am the parent or legal the above terms and conditions apply to said minor a under ANY circumstances in the above specified events.	this event or program, the minor by and through the undersigned d harmless the Town of North Kingstown, its agents, officers, and mage to the minor's property which arises out of or occurs during of event or program, whether or not such injury or damage may have want or care on the part of the Town of North Kingstown, its agents binding upon the minor, the parent(s) or guardian(s), any successors
BY INITIALING I AGREE TO THE UNRESOLVED USE OF M TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORT	IY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.
Minor's Name (PRINT):	Birth date of minor:
Home State of minor:	Today's Date:
Parent/Guardian Legal Name (PRINT):	
Parent/Guardian Legal Name (SIGN):	

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

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COVID-19; however, NK Rec cannot guarantee	s put in place preventative measures to reduce the spread of that you or your child(ren) will not become infected with COVIDeling exposed to the public, could increase your risk and your
risk that my child(ren) and I may be exposed to or that such exposure or infection may result in personant that the risk of becoming exposed to or infected by negligence of myself and others, including, but no	the contagious nature of COVID-19 and voluntarily assume the r infected by COVID-19 by attending NK Rec Programming and sonal injury, illness, permanent disability, and death. I understand by COVID-19 may result from the actions, omissions, or ot limited to, NK Rec employees, volunteers, and program Kingstown Recreation is taking all possible precautions.
myself (including, but not limited to, personal injexpense, of any kind, that I or my child(ren) may on the NK Rec Programs or participation in NK Rec programs or participation in NK Rec programs, representatives, of and from the Claims, including kind arising out of or relating thereto. I understated actions, omissions, or negligence of programs,	risks and accept sole responsibility for any injury to my child(ren) or jury, disability, and death), illness, damage, loss, claim, liability, or experience or incur in connection with my child(ren)'s attendance at gramming ("Claims"). On my behalf, and on behalf of my children, I harge, and hold harmless NK Rec, its employees, agents, and ang all liabilities, claims, actions, damages, costs or expenses of any and and agree that this release includes any Claims based on the its employees, agents, and representatives, whether a COVID-19 ring, or after participation in any programming.
Signature of Parent/Guardian	Date

Print Name of Parent/Guardian

Print Name of Participant(s)