

NK REC 2020 SKILLS SUMMER CAMP

BEGINS JULY12 AND ENDS AUGUST 16

SERIOUS/EXPERIENCED BASKETBALL PLAYERS ONLY This camp will focus on SKILLS ONLY

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. Please only send ONE guardian with child for program. Children and Staff must wear a mask. Please have hand sanitizer available for individual use. There will be a screening at drop off, including temperature taking, please allow yourself an extra few minutes. If your child has a temperature or answers yes to any of the following questions, they will not be allowed to participate in the program that day:

- Are exhibiting any symptoms of the coronavirus: mild to severe respiratory illness with fever, coughing, difficulty breathing, or other symptoms
 identified by the CDC.
- Have been in contact with someone with COVID-19 in the last 14 days.
- If you have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised parental discretion for participation will be advised

YOU WILL BE WORKING ON INDIVIDUAL SKILL SETS FOR OFFENSE AND DEFENSE. THERE WILL BE NO GAMES.

IF WE HAVE A RAINOUT, WE WILL ADD WEEKS TO THE END. CALL THE RAINLINE FOR DATE CHANGES 268-1543

KIDS BRING PLENTY OF WATER AND SUNSCREEN AS WE WILL BE PLAYING OUTDOORS

THE NORTH KINGSTOWN RECREATION BASKETBALL SKILLS PROGRAM BEGINS ON SUNDAY JULY 12,2020 AND ENDS ON AUGUST 16,2020. PRE REGISTRATION IS MANDATORY, FEE IS \$25, (\$27.50 Non Resident). IF YOU HAVE QUESTIONS PLEASE CALL YOUR RECREATION DEPARTMENT AT 268-1500 x242

Parents, you do <u>NOT</u> have to stay if you have other things to do, but you are more than welcome to stay. If you do stay and bring other children, you <u>MUST</u> keep them under <u>YOUR</u> control. They may not be roaming on the court, dribbling, or shooting basketballs. Thank you for your cooperation to keep all safe.

PRE **REGISTRATION IS REQUIRED, On-line registration is available on the Town website https://nkrec.recdesk.com/Community** OR MAIL IT TO: NORTH KINGSTOWN RECREATION BASKETBALL, 100 FAIRWAY DRIVE, NORTH KINGSTOWN, RI 02852. MAKE CHECKS TO TOWN OF NORTH KINGSTOWN.

MCGINN PARK

10:00 AM TO 11:00 AM 11:00 AM TO 12:00 AM 12:00 AM TO 1:00 PM 2-4 GRADE BOYS AND GIRLS
5 AND 6 GRADE BOYS AND GIRLS
7 AND 8 GRADE BOYS AND GIRLS

IF INTERESTED IN VOLUNTEERING TO HELP INSTRUCT THE <u>2 TO 8 GRADES</u> PLEASE CALL OR EMAIL Kbodington@northkingstown.org (A BACKGROUND CHECK WILL BE REQUIRED)

		UMMER BASKETBALL SKILLS	
NAME		BIRTHDATE	
SCHOOL GR	ADE		
ADDRESS		028	CIRCLE ONE
EMAIL		@	
PRIMARY PHONE		CELL PHONE	
SERVICE PROVIDER		RECEIVE TEXT NOTIFICATIONS? Y N	
MEDICALPROBLEMS?			
EMERGENCY CONTACT I	NAME AND PHO	ONE:	
PARENT/GUARDIAN SIGN Please check one:	NATURE		
GRADE 2-4 GI	RADE 5-6	GRADE 7-8	

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 of I	(hereafter referred to as "the Event or Program)
sponsored	by the North Kingstown Recreation Department (the "Recreation
Department").	
The minor's parent(s) or guardian(s) understand that particular minor does not have to participate. It is understood that the minor's person or damage to the minor's property, and	cipation in the above event or program is VOLUNTARY and that the event or program involves activities which could result in injury to that by participating, the minor's parent(s) or guardian(s) voluntarily ge to the minor's property and consent the minor's participation in the
It is understood that the Recreation Department DOES NO	OT provide any insurance coverage for the minor's person or property are responsible for the minor's safety and the minor's own health care
In exchange for allowing the minor to participate in this e release from liability, indemnify, and hold harmless the T injury to the minor's person or damage to the minor's prominor's participation in the event or program, whether or by any negligence or want or care on the part of the Town This Hold Harmless Agreement and Release shall be bin interest, and/or any person(s) suing on the minor's behalf.	event or program, the minor by and through the undersigned, agrees to cown of North Kingstown, its agents, officers, and employees for any perty which arises out of or occurs during or as a consequence of the not such injury or damage may have been caused, in whole or in part of North Kingstown, its agents, officers, or employees. Inding upon the minor, the parent(s) or guardian(s), any successors in its document is complete unto itself and that any oral promises of
	nd/or its terms are not binding upon the Town of North Kingstown, it
PARENT OR LEGAL GUARDIAN MUST SIGN BEL	OW:
I, the undersigned, state that I am the parent or legal gua above terms and conditions apply to said minor and to mys circumstances in the above specified event or program	ardian of the minor whose name appears above. I understand that the self. I further understand that said minor cannot participate under ANY without parental consent and that the minor will not be allowed to unment is binding on myself, the said minor, and any person suing or
BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN REC	'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND REATION 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.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could <u>increase</u>** your risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature of Parent/Guardian Date

Print Name of Parent/Guardian Print Name of Participant(s)