

**NORTH KINGSTOWN RECREATION
GYMNASTICS at AIM HIGH ACADEMY
Saturdays, 10:30-11:15am April 10th- May 8th, no class 4/24
Grades 5 and 6 ONLY**

PRE-REGISTRATION is MANDATORY. Limited Spots!!!

TO REGISTER: Please fill out the form below and bring to the rec department or mail to 100 Fairway Dr with a check payable to: Town of North Kingstown OR GO TO OUR TOWN WEBSITE, <https://nkrec.recdesk.com/Community> to register on-line.

There is limited space in this program due to Covid Guidelines. NK Rec is partnering with Aim High to offer this new and improved opportunity. First come first serve.

We hope to offer more classes after this one finishes, we, with Aim High, are monitoring the COVID guidelines carefully.

Residents only, no prior experience necessary. The fee for this activity is \$25.(No Refunds)

For ages 10 and 11 years, age 10 by 8/31/2020

Attire: Leotard or shorts and t-shirt; Long hair MUST be put up; hair should be pulled back out of your child's face (ie: barrettes)

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 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 reopeningRI.com

This program is designed for individuals with different abilities. It will teach them the basic fundamental skills on the vault, uneven bars, balance beam, floor, rings and more with the emphasis being on increasing skill levels in a positive, fun atmosphere

IF YOU HAVE QUESTIONS Email Kbodington@northkingstown.org or call 268-1540.

GYMNASTICS 2021 grades 5 and 6

NAME _____ M F BIRTHDATE _____

SCHOOL _____ GRADE _____

ADDRESS _____ 028 _____

EMAIL _____ @ _____

PRIMARY PHONE _____ CELL PHONE _____

SERVICE PROVIDER _____ RECEIVE TEXT NOTIFICATIONS? Y N

MEDICALPROBLEMS? _____

EMERGENCY CONTACT NAME AND PHONE: _____

PARENT/GUARDIAN SIGNATURE _____

EMERGENCY NAME/NUMBER DURING CLASS TIME _____

**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) _____ (hereafter referred to as "the minor") the minor wishes to participate in (Print Name of Event or Program)

_____ Summer Gymnastics at Aim High _____ sponsored by the North Kingstown Recreation Department (the "Recreation Department"). The minor's parent(s) or guardian(s) understand that participation in the above event or program is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.

It is understood that the Recreation Department DOES NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Town of North Kingstown, its agents, officers, and employees for any injury to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Town of North Kingstown, its agents, officers, or employees.

This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Town of North 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 guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding on myself, the said minor, and any person suing on behalf of said minor.

BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH 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 RISK * WAIVER OF LIABILITY * PHOTO RELEASE * MEDICAL AUTHORIZATION
SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing, and outdoor play can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in certain activities including but not limited to day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Aim High Academy Inc. and affiliated entities (Aim High) programs and activities and I ACCEPT ALL RISKS associated with such participation.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Aim High Academy, Inc., each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees, and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such a claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I hereby give permission to Aim High Academy, Inc. and its agents to transport my child(ren) for camp related field trips/special events or to and from school in which I sign up for.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understood this Assumption of Risk, Waiver of Liability, Medical Authorization, and Photo Release.

PARENT/LEGAL GUARDIAN'S Signature _____ Date _____
PARENT/LEGAL GUARDIAN'S Printed Name _____

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 increase** your risk and your child(ren)'s risk of contracting COVID19



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)
