

## Rec Center - Children's Programs

2065 S Walnut Avenue New Braunfels, Tx 78130 (830) 583-7733 info@newbraunfelsrec.com

### Parent Information:

New address within the last six months

1st Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

1st Email (Print neatly) \_\_\_\_\_ We use this for important updates

2nd Parent Name \_\_\_\_\_

2nd Cell Phone \_\_\_\_\_ 2nd Work \_\_\_\_\_

2nd Email (Print neatly) \_\_\_\_\_ We use this for important updates

### 1st Child

Last Name \_\_\_\_\_ First \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Special Information Concerning Child (Any medical limitation?) \_\_\_\_\_

#### FULL DAY CAMP PROGRAMS

All Day Explorers (5 1/2 - 7 yr)

All Day Expeditions (7-10 yr)

Term(s) \_\_\_\_\_

#### SWIMMING

Swimming

Classtime \_\_\_\_\_

Term(s) \_\_\_\_\_

### 2nd Child

Last Name \_\_\_\_\_ First \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Special Information Concerning Child (Any medical limitation?) \_\_\_\_\_

#### FULL DAY CAMP PROGRAMS

All Day Explorers (5 1/2 - 7 yr)

All Day Expeditions (7-10 yr)

Term(s) \_\_\_\_\_

#### SWIMMING

Swimming

Classtime \_\_\_\_\_

Term(s) \_\_\_\_\_

### Important Policies:

- 1) Registration fees or deposits are non-refundable and non-transferable
- 2) Terms that include holidays are not prorated
- 3) Because of our adherence to student-teacher ratios, we are unable to provide makeup classes
- 4) Parents concerns about the programs should be directed to the office
- 5) Children who are three and older must be potty trained to attend classes
- 6) Our programs are grouped by age or ability. Please refrain from asking for children to be placed in groups with siblings or friends

**READ AND SIGN BACK**

**Rec Center - Children's Programs**  
**ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION**

**Please Read and Sign:**

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that the Rec Center must make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Rec Center to take my child to Dr. \_\_\_\_\_ Phone \_\_\_\_\_  
or \_\_\_\_\_ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of the Rec Center, the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

(1) ASSUME ANY AND ALL RISKS TO HIMSELF AND HERSELF AND/OR MY/OUR CHILDREN INVOLVED IN OR ARISING FROM OR MY USE OR MY CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGES OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES OR BEING ON THE FACILITIES. I/WE UNDERSTAND THAT ANY ACTIVITY WHICH INVOLVES HEIGHT, MOTION OR WATER CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSIS, AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT THE REC CENTER AND/OR BEING ON THE FACILITIES.

(2) RELEASE THE REC CENTER AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF THE REC CENTER, OF ITS AGENTS, EMPLOYEES, OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

(3) INDEMNIFY, HOLD HARMLESS, AND DEFEND, AT MY/OUR OWN COST, THE REC CENTER, ITS AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR OR MY/OUR CHILD'S USE OF OR PRESENCE UPON THE FACILITIES, IRRESPECTIVE OR WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF THE REC CENTER OR ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

I have read and understand this agreement. I also understand a copy of this agreement will be made available for me at my request.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date