

CROSSLAKE EXPLORERS

Join us in a fun recreational setting to explore and make new friends.
The explorers Program is designed for children ages 2 – 12. We will explore
age-appropriate games, activities, stories and crafts.

Session #1 June 9th – 26th / Session #2 July 7th -24th

(Please circle the session(s) your child will attend)

Mondays, Tuesdays, and Thursdays

Mondays – Afternoon “park play” 3:00 – 4:00 (ages 2 – 12)

Tuesdays – STEM 3:00 – 4:00 (ages 5 – 12)

Thursdays – Morning “park play” 9:00 – 10:00 (ages 2 – 12)

\$15.00 per three-week session, or \$5.00 for a drop-in day pass.

Child's Name _____ Child's age _____

Mailing Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Emergency Contact _____ Phone Number _____

*Considerations regarding your child's health _____

Please complete the waiver and release on the back of this form.

Make checks payable to City of Crosslake. Registration can be turned in at the Crosslake Community Center or mailed to:

Crosslake Community Center

14126 Daggett Pine Road

Crosslake Minnesota 56442

Waiver and Release/Privacy Policy

Please read carefully before signing.

1. I wish my child (or ward) to participate in the Crosslake Explorers Program (the "Activity") coordinated by the City of Crosslake and instructed by Charlee (collectively, the "City").
2. My child's (or ward's) participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while my child (or ward) is participating in the Activity.
3. To the best of my knowledge my child (or ward) is physically fit and has no physical or medical conditions that would prevent my child (or ward) from participating in the Activity. I acknowledge that the City recommends that prior to participating in the Activity, I should first consult with my physician and abide by any limitations set by my physician.
4. I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to my child (or ward). This waiver of liability does not waive liability for any injuries that my child (or ward) obtains as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my child's (or ward's) conduct, actions or omissions while participating in the Activity.
6. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.
8. I have read the above and understand the legal significance of signing this document.

****NOTICE:** Participants under eighteen (18) years of age must have this waiver and release co-signed by their parent or legal guardian.

I certify that I am the parent or legal guardian of the listed individual and hereby consent to his or her participation in the Activity. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Name (Please Print)

Phone

Parent/Guardian Signature

Date