



2018
Day Recreation
Registration

Registration forms and fees need to be returned to Canton City Hall at 210 North Dakota, Canton, SD 57013.
A drop box is also located on the east side of the building. Registration is also available online at forms.cantonsd.org
Registrations are due by Friday, April 13, 2018

Child's Name: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Gender: M F T-Shirt Size YS YM YL AS AM AL Grade in '18-'19 School Year _____

- Select Appropriate Program: 5-6 year olds (**must be 5 by Sept 1, 2018**) - 9:00am—10:30am—Monday & Wednesday
 7-8 year olds or 1st-2nd graders— 10:30am—12:00pm—Monday & Wednesday
 9-10 year olds or 3rd-4th graders— 8:30am—10:15am—Tuesday & Thursday
 11-12 year olds or 5th-6th graders—10:15am—12:00pm—Tuesday & Thursday

**Friday's will alternate between 5-6 and 7-8 year olds and 9-10 and 11-12 year olds from 9:00am—12:00pm and will consist of Field Trips.
Additional fee's and waivers may be required.**

Registration Fees: \$25. Each additional child: \$20. Max of \$65/family. (All fees are non-refundable)
Program Dates: Tuesday, May 29—Friday, July 27

Has child participated in Canton Summer Recreation before? Yes No

Parent Contact Information:

Parent/Guardian: _____ Best Contact #: _____

Parent/Guardian: _____ Best Contact #: _____

Email: _____

Emergency Contacts (If parents cannot be reached)

Name: _____ Phone: _____

Health Conditions, Concerns, Problems or Medications: _____

Important—Please read the following and sign below:

I, the parent/legal guardian of the named registrant, acknowledge the dangers involved in participating in the day recreation program. I hereby on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors and assigns:

- A. Waive, release and discharge for any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to the participant and his/her estate, the City of Canton, SD, and its officers, agents and employees; and
- B. Indemnify and hold harmless the City of Canton, SD, and its officers, agents and employees from and against any and all liabilities and claims made by other individuals or entities as result of participant's participation or actions during this activity of event.

I further consent to and authorize medical treatment of the participant, in the event of injury, accident or illness during this activity.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing this form, I agree and consent that the City of Canton, SD has my permission to use any image, photograph, video clip or other similar image, in any media format, of the named registrant while participating in the day recreation programs, provided the image is used for promotional materials, news releases, City of Canton website or other published formats for the City of Canton. To opt out check here _____.

I also certify that everything on this application is correct, to the best of my knowledge.

Name of Parent or Guardian: _____ Signature: _____ Date: _____