

Watersports (6th-8th Grade)



BAIR ISLAND AQUATIC CENTER

Redwood City Parks, Recreation & Community Services | www.teamsideline.com/redwoodcity

PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER - 1120 ROOSEVELT AVE, REDWOOD CITY

REGISTRATION DEADLINE: Thursday, September 5, 2024. | CONTACT: Mike Smith 780.7254 msmith@redwoodcity.org

REGISTRATION FEE: \$130

INFORMATION: Program runs 9/10-10/10/24, Tuesdays and Thursdays, from 4:30pm-6:30pm at BIAC (1450 Maple Street). Come enjoy the waters of the Bair Island wetlands from a solo boat. This after school program is a great way for middle schoolers to be outside in a safe way while learning a new sport. If you are tired of looking at a screen, come try a kayak or stand up paddle board. Learn a new sport (or improve your skills)

while learning how to read the water, wind and tide and how to safely boat and navigate our local waters. **REFUND POLICY:** If a class is cancelled by the department, a full refund will be issued. Class cancellations made one (1) week prior to the class start date will receive a refund less a \$5 cancellation fee. Participants who wish to withdraw from a class less than one (1) week prior to the start date will receive a department credit which may be applied to any future recreation department activity, less the \$5 cancellation fee. In general, no refunds an analysis and often the class having

the \$5 cancellation fee. In general,	no refunds or credits	will be issu	ied after th	ne class begins.			
ACTIVITY REGISTRATION							
PARTICIPANT'S NAME First & Last		IRTHDATE mm/dd/yy)	GRADE	SCHOOL	GENDER (circle)	PROGRAM #	FEE
					M/F/NB/O	46.410	\$130
Permission to walk home alone	2 If yes, check the hox				Tota	Fees \$	
Termission to waik nome dione	.: If yes, effect the box.	LV	wish to don	ate to the Youth	Scholarship F	und + \$	
Less Cred						ount - \$	
						TOTAL \$	
PRIMARY CONTACT (Adult					E ENTIRE FO)RM	
Name			_ Birthdate	e//_	Gender — (Circle one)	M F Non Binar	y Other
Street Address						Charles to	
City	Zip	Emai	l Address_			Check box to re promotional er	mails
Primary Phone ()	Secondary Ph	none ()		Ce	ll Phone ()	
Cell Phone Carrier (if you wish to red	ceive important text ale	erts- ATT, Ve	rizon, etc.):	<u> </u>	_Emergency C	Contact	
Relationship to participant	Emergency Da	ytime Ph:(_)	Emerg	ency Evening F	Ph:()	
LIABILITY WAIVER & PHOTO	O RELEASE (Adult)						
LIABILITY WAIVER (all classes required in the following programs, including a single for me and/or child as named the City of Redwood City, its agents, it arising from or connected with these pof my child's and/or my participation is responsible for ensuring my child's and Teams, etc.) is done at our own risk. Is PHOTO RELEASE: I/we agree to allow	issociated travel sponsor below. In consideration is employees and volunted programs. I assume all rim the program. To the existence of my environment is saying of my own free will.	red by the Co of participate eers working sk for any in, tent I and/or fe/free from Sign Below uph in progra	ity of Redwition in these for the City, iuries, incluing my child are obstruction arm publicity	ood City Parks, Re e programs, I here from any and al ding the risk of ex e participants of is and that any us	ecreation & Coreby indemnify of liability for injustration of the community of the community of the control of the control of third-party of the control of	mmunity Services L and hold harmless ury suffered by me municable diseases on classes, I acknov applications (Zoon	Department and release or my child s as a result wledge I am n, Microsof
Waiver Signature	Ph	oto Release Init	ial				
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PAYMENT VISA Mastercard	AMERICAN DISCOVER NETWORK						
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Signature X					l	returned check fe	<u>:e</u>
Name on Card (print)					_ _	CASH	
					-	LCASH	

AQUATIC ACTIVITY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being given the opportunity to participate in any way in any **BA1R ISLAND AQUATIC CENTER** ('Club") activities ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

- 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Rowing and Paddling Activities, both on water and land based, and that I am qualified, in goad health, and in proper physical condition to participate in such Activity;
- 2. FULLY UNDERSTAND that: (a) ROWING AND PADDLING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) These Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasees named below; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity;
- 3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction;
- 4. HEREBY RELEASE, discharge, and covenant not to sue USRowing, the Club, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, regatta organizers, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this Agreement, Fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and affect.

ADDRESS			
PHONE	DATE		
		for today's visit	
PARTICIPANTS SIGNATURE	(age 18 or over)		
	PARENTAL CONSENT		
AND I, the minor's parent and/or experience and capabilities and be covenant not to sue, and AGREE liability, claims, demands, losses, negligence of the releases as or ot I, the minor, or anyone on the min AND HOLD HARMLESS each of may incur as the result of any such	legal guardian, understand the nature of ro lieve the minor to be qualified to participa FO INDEMNIFY AND SAVE AND HOL or damages on the minor's account caused nerwise. including negligent rescue operatior's behalf makes a claim against any of the Releasees from any litigation expense a claim.	twing and paddling activities and the minor's te in such activity. I hereby release, discharge, LD HARMLESS each of the Releasees from all or alleged to be caused in whole or in part by the ions, and further agree that If, despite this release he above releasees, I WILL INDEMNIFY, SAV es, attorney fees, loss liability, damage, or cost a	ie e, E, ny
PRINTED NAME OF PARENT/O	GUARDIAN		_
ADDRESS if different			
PHONE (home)	(cell)	DATE	
EMAIL ADDRESS			
PARENT/CHARDIAN SICNAT			

(only if participant is under the age of 18)

PRINTED NAME OF PARTICIPANT