



**Landmark Summer Recreation  
Participant Registration and Release Form**

**Due to generous grant funding from the Dekko Foundation, Shock and Awe, and the Halstad Lions Club, Landmark is offering an 8 week summer recreation program at a nominal cost to families. The goal of this program is to ensure that children have the developmental experiences that they need, at the time that they need them, to build their self-sufficiency and to help them grow socially, emotionally, physically and intellectually. This program will offer a variety of activities for youth from kindergarten through 5<sup>th</sup> grade.**

**Registration and Refunds:**

Registration and payment for the Landmark Summer Recreation must be completed and submitted to the City of Halstad by mail, or by contacting Halstad Municipal Utilities at 218-456-2128. Full payment is required at the time of registration to reserve the child's space. Participants may sign up for any or all of the weeks. There will be no proration of fees for any days a child participant cannot attend. Scholarship opportunities are available for families. Contact Alli at 218-456-2128 for more information and a scholarship form, or contact Program Director Michael Bare at 218-206-6465.

**Age Guidelines:**

The Landmark Summer Recreation is for children who have completed kindergarten through 5<sup>th</sup> grade during the past school year, and no exceptions will be made. The participants will be divided into two separate groups dependent on age.

**Hours of Operation:**

The hours are Monday-Thursday 1:00 pm-4:00 pm. Please do not drop off your child prior to the start time. Dates for the program are June 5<sup>th</sup> to June 29<sup>th</sup>, and July 17<sup>th</sup> to August 10<sup>th</sup>.

**Pick-up and Drop-Off Procedures:**

Children need to arrive between 12:50 to 1:00 pm, and must be picked between 4:00 to 4:05 pm. Parent/guardian must park their vehicle and walk their child into the Landmark. The check-in area for the program will be in the Landmark Community Room.

**Late Pick-Up Policy:**

There will be a late-fee assessed for children who are picked up after 4:20 pm. The late fee is \$5.00. Repeated late pick-ups may result in the removal of the participant from the program, with no refund for prepaid programs.

**Medical Needs/Allergies:**

Landmark coordinators and volunteers are not permitted to administer medication to program participants. In the event of a medical emergency, Landmark will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

**Special Circumstances:**

Parents and guardians are required to inform the Program Coordinator in writing of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions. Once the notice is submitted, a conference may be scheduled with the parent/guardian to discuss the special circumstances and whether the program can accommodate the circumstances.

**Dress Code:**

Children should dress appropriately for the activities scheduled. Landmark recommends shorts and a light weight shirt or top, and some type of athletic shoe or sneaker in order to participate in recreational or athletic activities. Landmark recommends a sweatshirt or jacket for indoor activities. Sandals, flip-flops, rubber "cros"-style shoes, and other open-toed shoes are not recommended as acceptable attire for active recreation activities.

**Personal Belongings:**

Water bottles with the child's name are encouraged. Please put the child's name on all articles of clothing, snack bags, bags, etc. Children should not bring toys, mobile phones, electronic devices, jewelry, money, or any possession of value with them to any of the programs. Children will be responsible for their belongings.

**Sunscreen/Insect Repellent:**

Please apply sunscreen and insect repellent prior to the start of each session. Children may bring sunscreen and insect repellent but must be able to reapply with staff supervision. Spray or mist sunscreen and/or insect repellent are recommended. Sunscreen and/or insect repellent must be labeled with child's name.

**Nutrition/Snacks:**

Light snacks will be provided such as water, crackers, fruit snacks and granola bars.

**Behavior Management/Discipline Policy:**

Landmark staff will create a fun and safe environment for participants in the program. Praise and positive reinforcement are used as effective methods of behavior management. Children who do not respond to these methods or who are destructive to others or to property will be dealt with in a professional, positive, and timely manner to correct the behavior. The following procedures will be followed for behavior management. All incident reports will be discussed privately with parents/guardians.

1. In the event a child's behavior is a repeated behavior and cannot be corrected by the Landmark staff with a verbal warning or other form of behavior modification, a first incident report will be written to document and correct behavior. A copy of the report will be given to the parent/guardian the same day as the incident.
2. A second incident report will be written if the behavior is repeated by or new behavior problems occur with the same child. This report will follow the same process as the first, but a one or two- day suspension could accompany this report, and no refund will be provided for suspended days. A copy of the report will be given to the parent/guardian the same day as the second incident.
3. A third incident report will be completed using the same process as the first two. Staff will provide this report to the parent/guardian. Incident reports will be discussed privately with a parent/guardian and the program Director. Dismissal from a program can occur at this time.

**NOTE: Immediate dismissal from the program can occur at any time given severe circumstances. Refunds for missed days due to a discipline dismissal will not be granted.**

**Mock Schedule of Weekly Recreation Program Events:**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>1:00 pm-1:30 pm</b>	Arrive, check-in and play until first activity at 1:30 pm	Arrive, check-in and play until first activity at 1:30 pm	Arrive, check-in and play until first activity at 1:30 pm	Arrive, check-in and play until first activity at 1:30 pm	NO Events Scheduled
<b>1:30 - 2:15 pm</b>	Group Exercise Events (2 groups, separate ages)	Personal Training (2 groups, separate ages)	Group Exercise Events (2 groups, separate ages)	Personal Training (2 groups, separate ages)	NO Events Scheduled
<b>2:15 -2:30 pm</b>	Snacks and Water	Nutrition/ Cooking Activity with Snack	Snacks and Water	Nutrition/ Cooking Activity with Snack	NO Events Scheduled
<b>2:30 – 3:30 pm</b>		30 mins of Crafts, 30 minutes of “field day” games		30 mins of Crafts, 30 minutes of “field day” games	NO Events Scheduled
<b>3:30 -4:00 pm</b>	Play time until picked up	Play time until picked up	Play time until picked up	Play time until picked up	NO Events Scheduled

**Waivers and Informed Consent:**

By signing this form, I, as parent/guardian, permit the City of Halstad and Landmark to use pictures of my child(ren) as a program participant in promotional literature, videos, and the City of Halstad website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of \_\_\_\_\_ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at Landmark and transportation to and from the activities. My Child is fit for the program(s) in which I have enrolled him/her. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTICIPATION IN ANY LANDMARK SUMMER PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY LANDMARK SUMMER RECREATION PROGRAM(S).

I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING LANDMARK, THE CITY OF HALSTAD, AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER RECREATION AT LANDMARK, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by the Landmark. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the Landmark, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\_\_\_\_\_ Parent

\_\_\_\_\_ Guardian

Parent/Guardian Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

Participant's Full Name (Print) \_\_\_\_\_ ("Minor Child") Date of birth \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ (all fields required)

Please fill out individual participant information on the following page for each participant, additional pages may be submitted if needed.

Landmark Summer Recreation Participant Registration Form

**Participant #1 Information:**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Grade (prior school year) \_\_\_\_\_ Age during program: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternative Phone number: \_\_\_\_\_ Guardian Email: \_\_\_\_\_

Alternate Parent/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

Is this child allergic to anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this child currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does this child have special needs\*? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Check below what week(s) this child would like to participate in the Landmark Summer Recreation

\_\_\_ June 5-8      \_\_\_ June 12-15      \_\_\_ June 19 -22      \_\_\_ June 26-29

\_\_\_ July 17-20      \_\_\_ July 24-27      \_\_\_ July 31 to August 3      \_\_\_ August 7-10

Number of Weeks: \_\_\_\_\_ x \$20 per week = Amount Due: \_\_\_\_\_

**Participant #2 Information:**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_ Grade (prior school year) \_\_\_\_\_ Age during program: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Is this child allergic to anything? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Is this child currently taking medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does this child have special needs\*? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Check below what week(s) this child would like to participate in the Landmark Summer Recreation

\_\_\_ June 5-8      \_\_\_ June 12-15      \_\_\_ June 19 -22      \_\_\_ June 26-29

\_\_\_ July 17-20      \_\_\_ July 24-27      \_\_\_ July 31 to August 3      \_\_\_ August 7-10

Number of Weeks: \_\_\_\_\_ x \$20. per week = Amount Due: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Total Amount Due (all participants): \_\_\_\_\_ Date Paid: \_\_\_\_\_

\*Programs are provided for people of all abilities. If there is need for reasonable modification, please answer YES above and speak to the Program Director prior to the start of the program. Each request will be assessed in compliance with the ADA.