

# Rock Valley Community School District Athletic Club

## REGISTRATION FORM

Join Date \_\_\_\_\_  
Renewal Date \_\_\_\_\_

Name: (print clearly): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone #( ) \_\_\_\_\_ Work Phone #( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone #( ) \_\_\_\_\_

Individual	\$ 100.00	**Registration form required for each family member
Family	\$ 200.00	**Registration form required for each family member

RENEWAL \*Applicable rates apply

Type of Payment: Cash D    Check D    Check# \_\_\_\_\_ (\$25.00 charge for returned checks)

Total Received: \_\_\_\_\_

*I have read the following rules and regulations regarding the RVCSD Athletic Club. By signing, I agree to the above terms as part of my members/tip. I acknowledge my members/tip may be suspended or revoked if violations occur regarding said members/tip.*

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

### PARENT'S OR GUARDIAN'S ADDITIONAL ACKNOWLEDGMENT AND INDEMNIFICATION

(Must be completed for participants under the age of 18)

(No children under 14 years old may participate in using the equipment at the Athletic Club unless accompanied by a certified coach of Rock Valley Community Schools)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted to use the equipment at the Rock Valley Athletic Club, I further agree to indemnify and hold harmless the Rock Valley Community School District and its directors, officers, and employees from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Additionally, by initially the line below, I authorize my child to be supervised in the Athletic Club by any member parent and waive the right and responsibility to be present at all times to supervise my child at the Athletic Club.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Initial \_\_\_\_\_

**PLEASE READ AND SIGN THE WAIVER FORM THAT FOLLOWS.**

**A WAIVER FORM IS REQUIRED FOR EACH MEMBER**

**Rock Valley Community School District  
Athletic Club**

**WAIVER RELEASE**

**PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of the Rock Valley Community School District, their agents, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as the RVCSD) and in further consideration of the RVCSD's authorization of my use of the Rock Valley Athletic Club (hereinafter Athletic Club), I hereby agree to release and discharge the RVCSD, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I have read and agree to abide by the rules and policies of the Athletic Club.
2. I know and understand that equipment and facilities within the Athletic Club are public property and entails normal, known and expected risks, but also those unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that there is a substantial risk of such injury and that such risk simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to the following: cardiovascular, (angina, hypertension, coronary artery disease, arrhythmia, cardiac arrest, heart attacks,) pulmonary system, musculoskeletal system (sprains, tears, breaks,) or any other health-related risk, known or unanticipated which could result in injury, death, illness, disease, emotional distress, or damage to myself, property, or third parties.
3. I understand and acknowledge that RVCSD will not be supervising the Athletic Club during the hours of 6:00 a.m. - 8:00 a.m. and 5:45 p.m. - 10:00 p.m. and all supervision during these hours will be by parent members. Summer time will also be supervised by parents except during scheduled coach times.
4. I expressly agree and promise to accept and assume all of the risks existing in and associated with my use of the Athletic Club. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
5. I warrant that I am in good health and that I have no medical restrictions that can or should limit my use of the Athletic Club.
6. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the RVCSD from any and all claims, demands, or causes of action, which are in any way connected with my participation in or my use of the Athletic Club equipment or facilities, including any such claims which allege the negligent acts or omissions of the RVCSD.
7. Should the RVCSD or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
8. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while using the Athletic Club, or else I agree to bear the costs of such injury or damage myself, I further certify that I am willing to assume the risk of any medical or physical condition I may have.

Consult your physician before exercising at the Athletic Club. Follow the exercises carefully and exercise at your own pace. If you feel any strain, stop and consult your physician. By my signature below, I acknowledge that I have read the foregoing, understand it, and agree to the terms.

**Print Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_.

*Office Use Only*

*Member ID* \_\_\_\_\_

*Join Date* \_\_\_\_\_