

\*FOR OFFICE USE ONLY\*

School & Age\_\_\_\_\_

Check #\_\_\_\_\_

Birth Certificate\_\_\_\_\_

Proof of Residency\_\_\_\_\_

Health Insurance\_\_\_\_\_

# Cranston Parks & Recreation Playground Program

Please print clearly!

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

Does your child take any medications, or have any allergies/medical conditions that we should be aware of? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

IN CASE OF INJURY, MEDICAL PROFESSIONALS WILL TRANSPORT PARTICIPANT FOR EMERGENCY TREATMENT AS SOON AS POSSIBLE. PLEASE INFORM EMERGENCY CONTACT PERSONS OF THIS INFORMATION IN CASE OF EMERGENCY. WE WILL TREAT ALL EMERGENCIES IMMEDIATELY AND NOTIFY PARENT OR GUARDIAN AS SOON AS POSSIBLE.

**\*\*Please list emergency contacts in order of priority, keeping in mind the hours of 9:00 AM to 4:00 PM. \*\***

**\*\*Please do NOT list blocked phone numbers, as the City of Cranston is not able to bypass these numbers. \*\***

	Contact Person	Relation	Phone Number
1 .			
2 .			
3 .			
4 .			
5 .			

I, \_\_\_\_\_, RELEASE THE CITY OF CRANSTON, THE PARKS AND RECREATION DEPARTMENT, AND ITS STAFF FROM ANY AND ALL CLAIMS DUE TO INJURY REGISTERED. FURTHER, I UNDERSTAND A COPY OF THE PROGRAM'S RULES AND POLICIES WILL BE FORWARDED TO ME, AND I AGREE TO ABIDE BY THEM AS A CONDITION OF THIS REGISTRATION.

**\*\*SEE OTHER SIDE\*\***

Please indicate when the participant will be attending. Requests for additional weeks or blocks of same days made after the start of camp MUST be arranged through the Recreation Office and not through the Playground Staff.

LOCATION (Please check the site you would like your child to attend):

- Doric
- Garden City
- Glen Hills
- Hope Highlands

WEEKS / DAYS ATTENDING (Please indicate when your child will be attending.)

- 1) Attending All Summer: All 8 Weeks
- 2) Per Week: Wk 1 Wk 2 Wk 3 Wk 4 Wk 5 Wk 6 Wk 7 Wk 8
- 3) 8 Same Days: Mondays Tuesdays Wednesdays Thursdays Fridays

*Please fill in the following information regarding healthcare coverage for your child. This information will only be used in the event emergency personnel are needed.*

Health Insurance Provider: \_\_\_\_\_

Health Insurance Subscriber: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

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

**A 50% DEPOSIT IS DUE AT REGISTRATION WITH PAYMENT DUE IN FULL BY THE FRIDAY BEFORE THE START OF CAMP. IF FULL PAYMENT IS NOT RECEIVED BY THE START OF CAMP, THE PARTICIPANT CAN ONLY ATTEND FOR THE PERIOD OF TIME COVERED BY ANY PAYMENT(S).**

\*\*\* For Office Use Only \*\*\*

Check Number	Date Paid	Amount	Cross-Reference



# AUTHORIZED PICK-UP

## PLEASE FILL OUT FOR ALL PROGRAMS

The Cranston Parks and Recreation Department, in developing additional levels of safety, is asking all parents to provide a list of adults (other than parents/guardians) who can pick up your child at the end of the day.

Each adult on the list will be asked to verify his/her identity by showing a valid driver's license to Supervisor or Head Instructor at the site. A child **WILL NOT** be released to any adult not on this list until confirmation has been made by the Parks and Recreation Department from a parent/guardian.

The following people ARE allowed to pick up my child(ren)  
at the end of the day:

	FULL NAME	RELATION TO PARTICIPANT
1.		
2.		
3.		
4.		
5.		

# SUPERIOR MARTIAL ARTS AND FITNESS



## WAIVER AND RELEASE FORM

### CRANSTON SUMMER CAMP

60 Walnut Grove, Cranston, RI 02920

**PARTICIPANT NAME** \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_\_

(First Name, Last Name)

**ADDRESS:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

MM DD YYYY

**MEDICAL CONDITIONS:**

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**EMERGENCY CONTACT: Full Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

### ACKNOWLEDGEMENT AND RELEASE FORM

I ("Releasor")do hereby apply to participate in Martial Arts and Fitness Instruction (the "Program"), Workshops and/or Seminars provided by Absolute Vision LTD., a U.S. Corporation, d/b/a SUPERIOR MARTIAL ART & FITNESS and SUPERIOR TAEKWONDO ACADEMY, at 60 Walnut Grove Ave., Cranston, Rhode Island and other training locations to be determined at the time of the individual event(s). I do hereby represent that I am in good physical health and free from any disabling physical conditions and further acknowledge that SUPERIOR MARTIAL ARTS & FITNESS, its proprietors and instructors are relying upon these representations to allow my participation in the Program. I do hereby represent that I am aware that any martial arts training, including the Program, inherently carries the risk of great bodily injury or loss of life. I do hereby voluntarily, and with full knowledge of these risks, agree to participate in the Program. In consideration for the opportunity to participate in the Program, I do hereby release Absolute Vision LTD., a U.S. Corporation, d/b/a SUPERIOR MARTIAL ART & FITNESS and SUPERIOR TAEKWONDO ACADEMY, its proprietors, instructors, agents, employees, servants, successors, assigns, owners of the property where the Program is conducted, as well as their servants, employees, agents, successors and assigns, and other participants in the Program (the"Releasees") from responsibility or liability for any loss, injury or damage, however caused, and do hereby waive, indemnify, remise, release and forever discharge the Releasees for any loss, injury or damage, including loss of life, that I may suffer as a result of my participation in the Program. In the event that I (or my parent or guardian) am unable to do so , I hereby grant Absolute Vision LTD., a U.S. Corporation, d/b/a SUPERIOR MARTIAL ART & FITNESS and SUPERIOR TAEKWONDO ACADEMY, its proprietors, instructors, employees, servants or agents, permission to seek out any necessary medical assistance that they deem I may require as a result of participating in the Program, although I understand that there is no obligation upon them to do so. This Waiver and Release and all acknowledgments, agreements and representations contained herein shall be binding upon my family, heirs, successors and assigns. I hereby acknowledge that I have read this WAIVER AND RELEASE OF CLAIMS carefully and understand and agree to its terms.

\_\_\_\_\_  
**Print: First Name , Last Name**

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Signature Date (MM/DD/YYYY)**

**RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISKS**

The undersigned individual desires to use a Rock Spot Climbing rock climbing gym (individually a "Facility", and collectively, the "Facilities") and/or to participate in outdoor climbing expeditions ("Outdoor Climbing") sponsored by or involving Rock Spot Climbing ("RSC"). Use of a Facility and/or participation in Outdoor Climbing may include, without limitation, formal or informal instruction by RSC staff, participation in clinics, classes, courses, camps, programs, competitions, use of portable climbing walls, and/or any other activities occurring in a Facility and/or sponsored, organized, managed, operated or run by RSC ("Other Activities"). In consideration of RSC permitting me to use the Facilities and to participate in Outdoor Climbing and Other Activities, I hereby execute this Release of Liability, Indemnification and Assumption of Risks (the "Release").

I acknowledge that using any of the Facilities and participating in Outdoor Climbing and the Other Activities involves certain inherent risks, including, the risk of death or serious personal injury and damage to and loss of use of property as a result of accidents, equipment failures or other causes. I hereby assume all such risks, as well as any other risks involved in using any of the Facilities, participating in Outdoor Climbing, participating in any Other Activities and/or climbing anywhere, at any time, whether or not under the supervision of RSC staff.

I hereby release, discharge and covenant not to sue the owners of RSC and/or its or their affiliate companies or franchises and its or their officers, directors, shareholders, members, employees, volunteers, agents, representatives, contractors, landlords, insurers, and their respective successors and assigns, as well as any and all other persons or entities that might have any liability whatsoever to me (collectively, the "Released Parties"), from and against any and all damages, actions, claims, causes of action and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from any activity, occurrence or event involving any of the Facilities, Outdoor Climbing, Other Activities and/or RSC. This Release is intended to release and discharge the Released Parties from all damages, actions, claims, causes of action and liabilities of any nature, specifically including, but not limited to, damages, actions, claims, causes of action and liabilities arising from or related to the negligence of the Released Parties, to the extent permitted by applicable law.

I further agree to indemnify, defend and hold harmless RSC and each of the other Released Parties from and against any claim, cause of action, loss, damage, judgment, fine, penalty, interest, liability and expense, including costs and attorneys' fees, incurred by RSC or any of the other Released Parties resulting from, arising out of, or in connection with my presence in and/or use of any of the Facilities, my participation in Outdoor Climbing or any Other Activities.

I agree to comply with all rules and regulations with respect to any of the Facilities, Outdoor Climbing and any Other Activities, including the rules and regulations incorporated into this Release, which I have read. I agree to comply with any request or instructions of RSC staff. I understand that the rules and regulations incorporated into this Release are not a complete list of all rules and regulations regarding use of any of the Facilities, Outdoor Climbing and the Other Activities. I understand that other rules and regulations may be posted at a Facility and/or may be provided to me verbally or in writing by RSC staff. I understand that RSC may amend the rules and regulations from time to time and I shall comply with all such additions and amendments. I understand that RSC and the Released Parties shall not be liable for my failure or the failure of any other party to comply with the rules and regulations.

I covenant and agree (i) to use the Facilities for their intended purposes, (ii) not to commit waste or damage upon or to any of the Facilities or any equipment or other personal property owned by RSC or the Released Parties, (iii) not to use any Facility for any unlawful purpose, and (iv) not to do or permit to be done anything which may subject RSC or the Released Parties to any liability for injury or damage to person or property, or result in a violation of any law, ordinance or regulation of any governmental authority, agency or department.

This Release shall cover and include all areas, activities, equipment and personal property and facilities in or about any of the Facilities and/ or related to the use of any of the Facilities and participation in Outdoor Climbing and Other Activities, including parking facilities, the land surrounding the Facilities, showers, rest rooms, changing rooms, retail areas, observation areas and party rooms in the Facilities, and transportation in connection with Outdoor Climbing expeditions and/or Other Activities.

I hereby voluntarily waive any right that I may have to a trial by jury in any action, proceeding or litigation involving any Released Party.

To the extent permitted by applicable law, I hereby waive the protections of any applicable law whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release. If any provision of this Release shall be determined by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of this Release shall not be affected thereby except as may be necessary to make the remaining provisions consistent with each other after the invalid or unenforceable provisions are deleted, and each provision hereof shall be valid and shall be enforced to the fullest extent permitted by law.

The laws of the Commonwealth of Massachusetts shall govern the rights and obligations of the parties to this Release and the interpretations, construction and enforceability thereof. I agree that any lawsuit brought against any Released Parties shall be brought solely in the courts of the state in which the subject Facility is located, or, in case of Outdoor Climbing or any Other Activities not taking place in a Facility, the state in which the Facility through which the activity was booked is located.

RSC reserves the right to use any photograph, video, audio recording or any other media taken of me at any of the Facilities, during an Outdoor Climbing expedition, or in connection with any Other Activities, in RSC's promotional materials, brochures, web-site, and any other advertising.

This Release applies to and binds my personal representatives, executors, heirs, and family. I carefully read this agreement and fully understand its contents. I am aware that this is a release of liability. I understand that this release is a contract and that I sign it of my own free will. I agree to be bound by its terms. I further understand that this agreement has no expiration date.

**PARTICIPANTS INFORMATION**

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name (please print) \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Cell Telephone Number \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Email Address \_\_\_\_\_

**TO BE SIGNED BY PARENT OR LEGAL GUARDIAN  
IF PARTICIPANT IS A MINOR:**

I represent that I am the parent or legal guardian of the above individual and hereby consent to the individual using the Facilities, participating in Outdoor Climbing and participating in Other Activities sponsored by RSC (all as more particularly defined above). In consideration for RSC allowing the above individual to use the Facilities, participate in Outdoor Climbing and participate in the Other Activities, I agree, personally and on behalf of the above individual, to be bound by the terms and conditions of this Release. I further agree to indemnify, defend and hold harmless RSC and each of the other Released Parties from and against any claim, cause of action, loss, damage, judgment, fine, penalty, interest, liability and expense, including costs and attorneys' fees, incurred by RSC or any of the other Released Parties resulting from, arising out of, or in connection with the above individual's presence in and/or use of the Facilities, or participation in Outdoor Climbing or any Other Activities. I carefully read this agreement and fully understand its contents. I am aware that this is a release of liability. I understand that this release is a contract and that I sign it of my own free will. I agree to be bound by its terms. I further understand that this agreement has no expiration date. If I am an adult responsible for a minor or group of minors using a Facility, I agree to have a release like this one signed by a parent of each minor in the group. I understand that if I fail to do so, RSC can refuse to let that minor climb, or at its option, agree to let the minor climb, but that it does so only because I hereby agree to assume full responsibility for the safety of that minor child and to indemnify and hold harmless RSC and the Released Parties in accordance with this paragraph.

\_\_\_\_\_  
**Date** **Printed name of parent or legal guardian**

\_\_\_\_\_  
**Relationship to minor**

\_\_\_\_\_  
**Home Telephone Number** **Work/ Cell Telephone Number**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**Climbing is Dangerous! Climb Smart!**

- Please review the rules of this facility.
- Please use equipment in accordance with the manufacturer's instructions.
- If you are unfamiliar with any aspect of climbing, seek qualified instruction.
- Climbing or bouldering on any manufactured climbing wall can result in falls.
- Falling from any height can result in serious injury or death. • If you have any questions about the risks, your responsibilities, or anything else about climbing in this facility, please ask!
- Climb for a lifetime, Climb Smart.

**Climbing Rules**

- All climbers must be certified by a Rock Spot Climbing staff member before top-rope belaying, lead belaying, or lead climbing. Rock Spot Climbing certification cards must be displayed for lead belaying and lead climbing.
- All climbers must wear shoes while climbing. The use of shoes, boots, crampons, etc. that may damage walls, floors, etc. is not permitted.
- Do not climb above or below other climbers; this includes traversing. • You must be aware of the possible trajectory of another climber's fall, particularly on the lead wall and overhangs. Stand clear! Conversely, if you are climbing and think you may endanger another if you fall, speak up!
- Belayers must belay from their harness; no sitting or lying down while belaying.
- Rock Spot Climbing reserves the right to deny access to its facilities to any individual permanently or for a specified period for breach of contract of the safety policies, or for any conduct that is viewed as unsafe or inappropriate.

**Rules and Safety Policies**

- Everyone visiting Rock Spot Climbing MUST check in at the front desk. • All climbers must have a signed Release of Liability and Assumption of Risks form on file at the front desk.
- All participants must sign the Release of Liability, Indemnification, and Assumptions of Risk form. Minors 17 years or younger must have their waiver completed and signed by a parent or legal guardian. • Parents are responsible for the behavior of their children. Children (12) years old or younger must be accompanied by an adult at all times. • Climbers must read and obey current rules and regulations. • Rock Spot Climbing does not allow any instruction in the gym other than that offered by our instructors and staff. No exceptions. Follow instructions of staff at all times.
- Inspect the Facility and all climbing equipment, gear, and apparel (including, but not limited to, anchors, ropes, carabiners, belay devices, harnesses and/or shoes) prior to use to ensure that they are in safe operating condition for such use. Immediately advise staff of any damage to the Facility, equipment or gear.
- All belayers must pass a belay test by the staff.
- Climbers must tie directly into their harness with a figure 8 follow through knot.
- Belayer must use a floor anchor at all times.
- Climbers and belayers must clearly communicate formal belay commands and perform safety checks.
- No one under 14 years of age is allowed to belay unless specific permission is given by management.
- No one under 14 years of age is allowed to lead or lead belay unless specific permission is given by management.
- Lead climbers/belayers must supply their own reasonable UIAA approved rope.
- All lead climbers must pass a belay test by gym staff.
- "Topping" out on boulders is done only at your own risk
- Always use a crash pad and spotter.
- Route setting by approval of head route-setter only.
- Climbing shoes must be worn at all times while climbing.
- Clean shoes only in climbing area.
- Please keep floor and benches clear. Put your gear away.
- No pets in the gym.
- RSC is not responsible for damaged, lost or stolen items. Please store personal items in cubbies.
- No drugs, alcohol or tobacco use is allowed inside the facility. Absolutely no climbing is permitted under the influence of drugs or alcohol.
- Rock Spot Climbing does not permit the use of profanity or inappropriate language.
- We ask that all participants refrain from yelling/screaming. • Walking only please. No running, jogging, skipping, cart-wheeling, back flips, wrestling etc.
- No swinging or bouncing on the ropes.
- Please pick up after yourself. Help to keep the gym clean for yourself and others.
- Follow instructions of staff at all times.

# SUMMER PLAYGROUND PROGRAM

## SCHOLARSHIP

Presented by Cranston Parks & Recreation and OneCranston  
and

Supported by a Legislative Grant courtesy of  
Cranston's General Assembly Delegation

Scholarship application period is **April 15—May 3, 2019.**

*Cranston Parks and Recreation will need a completed camp registration form for all scholarship applicants*

Recipients will be notified the week of May 6—10, 2019

Scholarship amount will not exceed \$650 per child

Grant application is online only and can be accessed

by clicking **HERE**

Scholarship application website <https://forms.gle/EEQhfDQ5kwwx4sxM8>

Scholarships are offered for any family registering for Cranston Parks and Recreation's Playground Program for any sites. If your scholarship is approved, you will be notified by the best way to contact you as indicated on the application. There is limited space in our scholarship program and it's very competitive. We encourage youth to fill out the answers but parents may help.

Scholarships are approved through a point system by OneCranston Youth Opportunity Zone's Members and Partnerships, which includes residents, school district members and non-profits. The identity of the applicant is withheld during scoring.

Parents and Guardians please help fill out the form for any younger youth.