



# Kids Obstacle/Agility Clinic

## Program # 9002.4200

Office Use:

A: \_\_\_\_\_

#: \_\_\_\_\_

D: \_\_\_\_\_

**Price:** \$30 per child

**Dates & Times:** Tuesdays, October 13<sup>th</sup> & 20<sup>th</sup>  
5:25pm – 6:40pm

**Locations:** Moose field, open field next to Berkeley 2000 Recreation Center.  
Parking in rear lot. **Bring a water bottle labeled with your name, each day.**

**Ages:** 6-9 (as of the first day of the clinic)

**General Information:** Don't miss this exciting clinic that will have you participating in agility drills, running/jumping, balance, coordination exercises, speed ladder, mini hurdles, strength/body weight challenges and more

**Instructor:** Lisa Mann, Certified Personal Trainer & Kids Sports Instructor.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M  F

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

Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
(2020/2021 school year)

Parents' Name(s) \_\_\_\_\_ 1<sup>st</sup> Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

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

For Text Alerts please provide: Cell Phone #: \_\_\_\_\_ Carrier: \_\_\_\_\_

(Carrier is Sprint, Verizon, US Cellular, etc.)

**LIABILITY WAIVER:** As a parent (legal guardian) of the above named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to participating in this sports camp program. I do hold harmless the Martinsburg-Berkeley County Parks & Recreation Board, the coaches, assistant coaches, and any and all other volunteers, participants, and organizers for any claims arising out of injury to my child except to the extent and the amount covered by the accident or liability.

**MEDICAL RELEASE:** I further grant permission for emergency first aid to be given to my child in the case of medical injury or emergency. If necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital, and its staff had my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

**PHOTOS:** The Martinsburg-Berkeley County Parks and Recreation Board reserves the right to take pictures at all events and programs. Pictures may be displayed in future Parks and Recreation brochures and publications.

**REFUND POLICY:** Martinsburg-Berkeley County Parks and Recreation will give full refunds only for programs/leagues we are unable to offer.

**INCLEMENT WEATHER POLICY:** Please check our website [www.mbcparcs-rec.org](http://www.mbcparcs-rec.org) or [Facebook](https://www.facebook.com/mbcparcs-rec.org) for information on updates, upcoming programs, leagues cancellations or changes.

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



You may register by mail or drop off your registration form to one of the following locations: (304) 264-4842- Berkeley 2000 Recreation Center Office, 273 Woodbury Avenue, Martinsburg, WV 25404 Mon-Fri from 9am-5pm . You may also at our website: [www.mbcparcs-rec.org](http://www.mbcparcs-rec.org). (Please note there is a 2.6% merchant fee when paying by credit card and a 1.0% merchant fee when paying online with an e-check.)

## **COVID-19 LIABILITY RELEASE**

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that M-BC Parks & Recreation has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that M-BC Parks & Recreation cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek services provided by M-BC Parks & Recreation and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending your facilities.

I attest that:

\* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

\* I have not traveled internationally within the last 14 days.

\* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

\* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

\* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold M-BC Parks & Recreation harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of M-BC Parks & Recreation, or that may otherwise arise in any way in connection with any services received from M-BC Parks & Recreation. I understand that this release discharges M-BC Parks & Recreation from any liability or claim that I, my heirs, or any personal representatives may have against M-BC Parks & Recreation with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from M-BC Parks and Recreation. This liability waiver and release extends to the administration, staff, partners, and employees.

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