

Registration Fee:

Register by October 9: \$50

Register by October 20: \$55

Register by October 27: \$60

Limited spots available, so sign up quick!!



BLITZ

MIDDLE SCHOOL ALL NIGHTER

SKY ZONE | BOWLING | DODGEBALL
BROOMBALL | ROLLERSKATING | PIZZA

NOV
1

All forms must be completed when turning in registration form!

Blitz 2019

Student Registration Form

Valley Church
4343 Fuller Road
West Des Moines, IA 50265

November 1, 2019

- Please Print -

<u>Parent /Guardian</u>	<u>Number / E-mail address</u>	<u>Contact Person</u>
Name(s): _____	Home Phone: _____	_____
Address: _____	Work Phone: _____	_____
City: _____ State: _____ Zip: _____	Cell Phone: _____	_____
Family Church: _____	E-Mail: _____	_____
	Other: _____	_____
	Emergency*: _____	_____

<u>Child's Name (First, Middle, Last)</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Grade</u>	<u>School</u>	<u>Guest of</u>
_____	_____	_____	_____	_____	_____

<u>Medical Info (allergies, medicines, special needs)</u>	<u>Comments / Questions</u>
_____	_____
_____	_____
_____	_____

Terms and Conditions

Medical & Emergency Release

I hereby authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or under discomfort if delayed, while said child is participating in Middle School Blitz All-Nighter on and off-site activities, including transportation to and from those activities. This authority is granted only after a reasonable attempt has been made to contact me. I realize that church insurance begins wherefore the individual's health and accident insurance policy terminates. It is only valid when the other insurance has been extended to its limits.

Discipline Release

If in the event of repeated student misconduct, I authorize the staff to contact me and I will come and pick up my child.

General Release

I agree to hold harmless Valley Church and any organizations, partners with in activities for any and all claims for injuries, causes for action, or liability related to use of all facilities.

I, _____ being the legal guardian of
(PRINT-Participant's Parent/Guardian)
the following student/ minor, give my permission to _____
(PRINT-Participant)
to go to, travel to, and participate in Middle School Blitz 2019, under the direction of their group leader.

(SIGN-Participant's Parent/Guardian)

Office Use
Fees paid:
Dues Y <input type="checkbox"/> N <input type="checkbox"/>
Cash or Check



The image shows a screenshot of the Sky Zone website. At the top, there is a navigation menu with links for: Buy Tickets, Parties & Events, Attractions & Programs, Price & Promo, Hours & Calendar, About Us. Below the menu is a large blue and orange graphic of a trampoline. Overlaid on the bottom right is a mobile app download overlay for 'SKY ZONE IN DES MOINES, IA'. The overlay includes the address: 1300 SE Gateway Drive, Suite 103, Grimes, IA 50111, the phone number (515) 286-2524, and a note 'Closed Today'. It also features two buttons: 'BUY TICKETS' and 'FILL OUT WAIVER'. Below the screenshot, on an orange background, is the text: 'Parents you will need to GO ONLINE and fill out the waiver for Sky Zone. You will receive a confirmation email.' followed by the URL 'https://skyzonedesmoines.centeredonline.com/waivers' and a footer that says 'Email Lorinda at leverett@ccames.org, the confirmation email from Sky Zone!'.

Parents you will need to **GO ONLINE**
and fill out the waiver for Sky Zone.
You will receive a confirmation email.

<https://skyzonedesmoines.centeredonline.com/waivers>

☐ Email Lorinda at leverett@ccames.org, the confirmation email from Sky Zone!

In consideration of being allowed to participate in any way in the Blitz All-Nighter event on November 1 at Metro Ice Sports Facility, I _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my participation in the event listed above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in the event listed above. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately;

Terms and Conditions

The applicant, on behalf and for the benefit of the participant(s), hereby applies to Metro Ice Sports Facility, for participation in the program as listed above. The applicant understands and hereby acknowledges that there is the risk of serious and permanent bodily injury to the Participant(s) as a result of participation in any sporting and athletic contest, including skating. By signing this form, the Applicant and the Participant(s) agree to assume the risk of serious and permanent bodily injury as a result of participation in this program. The Applicant and Participant(s) further agree to obey and abide by all rules and regulations of Metro Ice Sports Facility and forfeiture of all fees. Because Metro Ice Sports Facility bases its fees on needed revenue for each of its programs, no refunds will be issued for withdrawal from any program at any time for any reason.

Release from Liability

In Consideration for the privilege of participation in Metro Ice Sports Facility programs, the Applicant for himself/herself, and for the participant(s) and on behalf of any heirs, assigns, personal representatives and next of kin, hereby expressly acknowledges the risk of serious injury from participation in this program, and RELEASES AND HOLDS HARMLESS Metro Ice Sports Facility, DM Rink Partners LLC, its Owners, Board of Directors, Officers, Employees, Team Coaches, Team Sponsors, Committee Chairpersons, from any and all claims, of any type whatsoever, for bodily injuries sustained by the Participant(s), or the Applicant, arising out of, or from any Metro Ice Sports Facility practice, drill, game or other sponsored activities.

Waiver/Photograph Release

I authorize Metro Ice Sports Facility to use photos, and or video of myself, participant(s), and or my child for whom I have legal guardianship for any promotional materials regarding Metro Ice Sports Facility programs or services. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on Metro Ice Sports Facility website and social media. Metro Ice Sports Facility reserves the right to use any photo, video or likeness for a time period beginning when this form is submitted.

By signing this form, I am expressly stating that I HAVE READ THIS FORM COMPLETELY (or have had it read to me) and I fully understand and accept the terms, conditions, and risks associated with participating in this program.

PARTICIPANTS SIGNATURE (Student should sign above)

DATE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF SIGNING)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE (Parent/Guardian should sign above)

DATE

Emergency Contacts: _____
