



Bonner Springs Aquatic Park

Daycare/Group Form
Season 2021

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Contact Person: _____ Title: _____

Will the contact person be present? YES NO

If no, please include name and phone of a supervisor who will be present on the line below.

Best way to contact: Phone Email

Number of Children: _____ Number of Adults: _____

Date(s) of visit: _____

Time Frame: _____

Will anyone be wearing swim diapers? YES NO

Payment Preference: Invoiced Arrival Day

Payment type: Cash Check Credit Card

Other Information: _____

Please return form 3 days prior to arrival date. This form can be submitted at the Bonner Springs Community Center (200 Est 3rd Street, Bonner Springs, KS 66012) or email betsysmith@bonnersprings.org.

Attach roster to form.

WAIVER AND RELEASE

In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission from any and all liability arising from accident, injury and illness that I (or my child/children) may suffer as a result of participation in such activity. I further agree to indemnify and hold harmless the City of Bonner Springs, Kansas and the Bonner Springs Recreation Commission and the officials, agents, and employees of each from any and all claims resulting from injuries, damages, and losses sustained by me (and/or my child/children) arising out of, connected with, or in any way associated with the activity. In the event of emergency, I authorize City or Recreation Commission officials to secure from any licensed hospital, physician or medical personnel any treatment deemed necessary for me (and/or my child's) immediate care and agree that I will be responsible for payment of any and all medical services rendered. If any damage to City or Recreation Commission facilities, equipment or materials occurs as a result of misuse by me (and/or my child) during use in activity enrolled or participating in, I will be responsible for payment of any repairs and/or replacement needed. Also, the undersigned and/or the participant(s) authorize the City or Recreation Commission to use at its discretion photograph(s) (black/white or color) taken of participants while participating in City or Recreation Commission programs and activities for marketing in print or by electronic means. Registration is not valid without signature. By signing, participant has read all facility rules, waiver and release for all parties involved.

Signature: _____ Date: _____