

North Sioux City Summer Recreation Program

Explanation: This is a City of North Sioux City Parks and Recreation program that includes all types of activities such as-- sporting activities, crafts, nature walks, hands on activities, etc. A light morning snack will be provided.

****Please have your child bring their own water bottle with their name on it***

Registration: Opens Wednesday, April 28th and will close on Monday, May 24th. Please reply back via email to Julie Masters with your child's name and date of birth. **If you cannot attend more than half of the days – please don't sign up as you might be taking place of someone who can attend all of them.**

Dates: Begins Wednesday, June 2nd to Friday, June 25th
Monday, Wednesday, and Friday from 8:30 to 11:00am.

Cost: It is a **FREE** program to anyone that would like to participate that lives in the North Sioux City District (Dakota Dunes, McCook Lake, and North Sioux City).

Age: Must be 7 years to 11 years of age. (**NO exceptions**)

Location: Can be dropped off and picked up at the gym door of the **Dakota Valley Elementary School.**

****Your child must be picked up at 11:00.**

****If you are interested in having your child attend this recreation program, please fill out *the waiver release form* for each child and have them return on their first day of camp****

*****This is not a Dakota Valley School affiliated program****

All questions need to be directed to Julie Masters or Jodi Hemmingsen.

Julie Masters julie.masters@k12.sd.us

Jodi Hemmingsen jeffjodifamily@gmail.com

AN EMAIL WILL FOLLOW CONFIRMING YOUR REGISTRATION PRIOR TO CAMP STARTING

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WAIVER AND RELEASE FOR NORTH SIOUX CITY RECREATION CAMP

Liability Release: This release is intended to discharge in advance the City of North Sioux, Dakota Valley School District, employees and volunteers of the North Sioux City Parks and Recreation from liability. It is understood that some recreational activities involve a risk of accidents and knowing those risks, I hereby assume those risks. I hereby authorize the employees to act for me accordingly to their best judgment in an emergency situation. There will be no onsite medical personnel available while attending camp and any existing medical conditions will need to be arranged by myself.

I have read and understood the liability release and consent for treatment and agree to all of its terms.

_____	_____	_____
Parent Signature	Parent Name (Printed)	Date
Child's Name: _____	Age: _____	D.O.B. _____
Address: _____	Emergency Phone #: _____	
Email Address: _____	T-shirt Size: _____	