



K-5th Grade

**Monday, Tuesday,
Wednesday & Thursday**

3:00-5:30pm

Starts Sept. 21st @
Nikiski Community
Recreation Center

*Homeschool, Remote Learners,
KPBSD Enrolled Students;
everyone is welcome!!*

*Transportation is available after-school
from Nikiski North Star Elementary.
Please talk to the NNS Office Staff to get
a bus pass for your child*

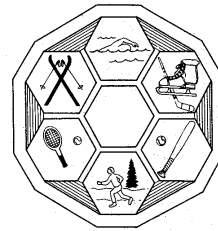
Pre-Registration is Required!

No Drop-Ins

Registration forms available at
NCRC and online
www.northpenrec.com

Monthly Rates:
\$50.00/child

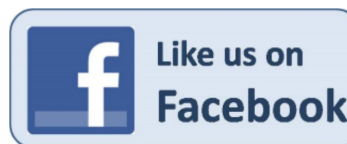
After  School



**NORTH PENINSULA RECREATION
SERVICE AREA**

PO Box 7116
Nikiski, AK 99635
Phone: 907-776-8800
Email: jcason@kpb.us

www.northpenrec.com



**NORTH PENINSULA
RECREATION SERVICE AREA**

**Nikiski
Community
Recreation
Center**

**After-School
Program
2020 / 2021**

**EXERCISE
LEARN & PLAY
AFTER THE
SCHOOL DAY**



THE PLACE TO BE AFTER SCHOOL

After School Program



- ◆ ARTS & CRAFTS
- ◆ COOKING
- ◆ SPORTS & FITNESS
- ◆ LIBRARY ACTIVITIES



NPRSA AFTER-SCHOOL PROGRAM REGISTRATION 2020/21

Participant
Name: _____

Boy ____ Girl ____

Grade Level: _____

Date of Birth: _____

Mailing Address:

City _____ State _____

Zip _____

Home Phone: _____

Cell Phone: _____

Parent's Names: _____

Please list any Allergies or Medical
Conditions your child has we should
be aware of: _____

After-School Program Written Warning

Please read this information carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor might sustain as a result of participating in any and all activities connected with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor may sustain as a result of participating in any and all activities connected with or associated with this program/activity. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participation in this program/activity against the North Peninsula Recreation Service Area, Kenai Peninsula Borough, directors, officers, and employees.

I do hereby release and forever discharge the North Peninsula Recreation service area from any and all claims for injuries, damages or loss that I may have, or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity.

Photo release: NPRSA has my permission to use photos taken of me or my child during this event to publish in print or electronic format, promotional literature, advertising and other similar ways including on our website and/or social media.

Our participant's health and safety is the number one priority. However, we cannot assure you that an accident will not occur. Educate your child on the acceptable conduct for the class.

- Listen and follow directions
- Do exercises correctly
- No horse play
- Know where you are in relation to other children (participants)
- Stay with the group
- One long whistle means stop activity

**IF AN INJURY DOES OCCUR NOTIFY INSTRUCTOR
IMMEDIATELY**

I HAVE READ AND UNDERSTAND THE CONDITIONS:

Parent Signature: _____

Date: _____

KENAI PENINSULA BOROUGH

NORTH PENINSULA RECREATION SERVICE AREA

SUPPLEMENTAL HOLD HARMLESS, RELEASE AND WAIVER OF LIABILITY RELATED TO COVID-19

The Kenai Peninsula Borough (“KPB”)/North Peninsula Recreation Service Area (“NPRSA”) plans to allow parks and recreation, fitness and aquatic programs, classes, camps or similar activities (herein referred to as “PROGRAMS”) to take place. In consideration for being permitted to participate in a PROGRAM, I _____, on behalf of myself and my minor children, agree and consent to the following:

1. I affirm that neither I, nor any person residing in my household, including the actual participant(s) in the PROGRAM, has been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to any communicable diseases, including the Novel Coronavirus Disease known as COVID-19 within the past thirty (30) calendar days;
2. I acknowledge that I am aware that by entering the premises where the PROGRAM is being held that there is a risk to me and my minor children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and-or gloves are worn and that KPB/NPRSA cannot guarantee that by entering the premises of the PROGRAM there will be no exposure to COVID-19;
3. I understand that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. By signing this Waiver of Liability, I fully and knowingly agree to ASSUME ALL RISKS associated with attendance at a public event and potential exposure which may include potential exposure to the COVID-19 virus for myself and any minor children whom I consent to attend the PROGRAM;
4. I understand and acknowledge that KPB/NPRSA cannot eliminate the risk of exposure to COVID- 19 and agree that by the signing of this Waiver I, on behalf of myself and my minor children, ASSUME ALL RISKS, associated with my involvement and my children(s) involvement in the PROGRAM;
5. I agree that this Waiver, Release and Assumption of Risk is to be binding upon my heirs and the heirs of my children;

6. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE KPB/NPRSA and/or its officers, directors, Board members, employees, contractors and-or volunteers; including promoters, participants, officials and owners of the PROGRAM premises (hereinafter "Releasees"). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any loss or damage whether caused by the negligence of the Releasees or otherwise;

7. To the maximum extent allowed by law, I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all claims for damages, causes of action or injuries, any loss, liability, cost, (including attorneys' fees and costs expended in the defense thereof), which may be incurred or which may arise out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the PROGRAM whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE; THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD(REN) WHOM I ACCOMPANY OR ALLOW TO PARTICIPATE IN THE PROGRAM; AND THAT I KNOWINGLY AGREE TO RELEASE AND WAIVE ANY CLAIM OR LEGAL CAUSE OF ACTION THAT I OR MY CHILDREN MAY HAVE AGAINST RELEASEES.

Printed Name of Participant(s): _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____