BACKYARD ADVENTURES OF NEPA

Homeschool / Daytime Course Registration & 3-Month Agreement

Location: The Rock Rec Sports Complex, Shavertown, PA
Course begins: Tuesday, November 3
Format: One 45-minute class each week • Structured 3-month curriculum

Participant Information

Child's Name: _____

Date of Birth / Age: _____

Class Time: _____

Parent/Guardian: _____

Phone: _____

Email: _____

Emergency Contact / Relationship: _____

Emergency Phone: _____

Course Overview

This is a structured **3-month course with a set curriculum**, not a drop-in class. Activities may include sports, agility, speed, balance, coordination, age-appropriate fitness and strength, teamwork, sportsmanship, relays, games, obstacle activities, and challenges.

Registration & Non-Refundable Payment Policy

A **$65 NON-REFUNDABLE deposit** is required to register and hold your child's spot. The deposit is applied toward total course tuition. The **remaining balance may be paid at any time after registration but must be paid in full by November 2**, before the course begins November 3.

This course has limited enrollment and registration reserves your child's place for the full 3-month course. **ALL PAYMENTS ARE NON-REFUNDABLE.** Missed classes, absences, or choosing to discontinue the course after registration will not result in a refund or credit.

Parent / Guardian Attendance Requirement

A **parent or responsible guardian MUST remain on the premises for the entire duration of every class.** Children may not be dropped off and left unattended. The parent/guardian must remain available in the event the child needs assistance, needs to leave the activity, or an emergency occurs.

Medical / Safety Information

Please list any allergies, medical concerns, medications, physical limitations, behavioral considerations, or accommodations we should know about:

_____
_____
_____

Participation, Risk & Emergency Care

I understand that sports, fitness, games, relays, and physical activity involve inherent risks, including falls, collisions, strains, sprains, or other injury. I voluntarily allow my child to participate and accept the ordinary risks of participation.

I authorize Backyard Adventures of NEPA and its representatives to obtain reasonable emergency medical care for my child if I cannot be reached. I understand that I am responsible for resulting medical expenses.

I release and hold harmless Backyard Adventures of NEPA, its owners, staff, representatives, and the hosting facility from claims arising from ordinary risks of participation, except to the extent prohibited by law.

Class Expectations

Children should arrive ready for physical activity and follow reasonable safety instructions. A parent/guardian must provide accurate emergency and medical information and promptly communicate any change that may affect safe participation.

Photo / Video Permission (Optional)

■ YES, I give permission for photos/videos of my child to be used by Backyard Adventures of NEPA for business social media and promotional purposes.

■ NO, I do not give permission for photos/videos of my child to be used.

Parent / Guardian Agreement

By signing below, I confirm that I have read and agree to the course structure, **non-refundable registration and payment policy**, participation terms, and the requirement that a **parent or responsible guardian remain on the premises for the entire class.**

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

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www.backyardadventuresnepa.com • Waiver/forms available under FORMS