City of CHISHOLM
PARKS, TRAILS & RECREATION DEPARTMENT

2026-2027 CHISHOLM YOUTH CENTER
REGISTRATION RULES & CONSENT WAIVER

DATE: _____ NAME (Youth): _____

ADDRESS: _____ CITY: _____

PHONE #: _____EMEGENCY CONTACT #: _____

GRADE: _____ AGE: _____ PARENT/GUARDIAN EMAIL: _____

HEALTH CONCERNS: _____

FACILITY RULES (Participant and Parent/Guardian must read this form in its entirety).

1. **Dress:** Participants are expected to dress appropriately. The final authority for what is appropriate, safe, clean, and non-disruptive shall rest with the Youth Facility Supervisor.
2. **Defiance/Swearing/Profanity/Disorderly Conduct:** Any inappropriate behavior that disrupts the overall environment of the Youth Facility, including profane and offensive language and disrespect or defiance towards staff members or other youth, will not be tolerated.
3. **Interpersonal Relationships:** Sitting on lap, and kissing is not appropriate while at the Youth Facility.
4. **Tobacco and Smoking**: Smoking is not permitted on Chisholm Youth Facility grounds or in the facility. If youth have in his/her possession, tobacco or cigarettes, cigarette lighter, or matches, this is grounds for suspension. The Chisholm Police Department will be notified when youth who are under 18 years of age are in possession of tobacco products.
5. **Illegal Substances, Drug & Alcohol:** The use and/or possession of alcohol, illegal or controlled substances, intoxicants or other substances prescribed, or otherwise, is prohibited. Youth who are suspected of being under the influence will be placed in the custody of their parents or guardians and the Chisholm Police Department will be notified. (City Ordinance states that no alcoholic beverages may be consumed in City buildings).
6. **Gambling**: Any form of gambling will not be tolerated.
7. **Weapons:** The possession of weapons of any kind, real or toy, (i.e. guns, knives, pepper spray, razor blades, chains, etc.), are strictly prohibited.
8. **Pets:** No pets are allowed in the Youth Facility. Unless programming includes pets.
9. **Personal Property:** The public may not keep personal property in the Chisholm Youth Facility. Youth are responsible for taking care of their possessions. The Chisholm Youth Facility is not responsible for any lost or stolen items brought by youth into the facility.
10. **Vandalism/Theft:** Damaging or theft of Chisholm Youth Facility property or the property of others will not be tolerated.
11. **Sexual Harassment:** Sexual harassment is defined as unwanted sexual attention from anyone with whom the teen may interact while attending the Youth Facility or Youth Facility activities. Appropriate action will be taken.
12. **Harassment/Bullying:** Harassment is verbal or physical conduct that denigrates or shows hostile aversion toward an individual because of that person's (or that person's friends or associates) race, skin color, religion, gender, sexual orientation, national origin, or handicap. Harassing conduct includes actions such as slurs, negative stereotyping, rumors, jokes, pranks, threats, etc. Appropriate disciplinary action will be taken.

13. **Fighting/Assault:** The Youth Facility has a zero-tolerance policy on fighting. Any behavior that threatens the physical well-being and safety of Youth Facility participants and/or staff is strictly prohibited.
14. **Loitering:** Youth are not to loiter in front of the Youth Facility.

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CHISHOLM PARKS AND RECREATION DEPARTMENT YOUTH CENTER PARENTAL CONSENT/RELEASE OF LIABILITY

I/we, the undersigned, hereby certify that I/we am the parent or legal guardian of the minor participant named and identified herein (hereinafter "the participant"). I/we further certify that the participant is physically capable of participating in the activities undertaken in association with participation in the programs offered by the Chisholm Parks and Recreation Department/City of Chisholm (hereinafter CPRD) and all related activities.

I/we hereby permit the staff or agents of CPRD to seek appropriate medical treatment for the participant during the period of any activities wherein the participant is under the direction/supervision of CPRD or any staff member, agent, or contractor thereof, and for the participant to receive medical attention in the event of an accident, injury, disease, or illness. By signing this consent and release, I/we acknowledge that I/we are responsible for all costs of medical attention so provided.

By signing this consent and release, I acknowledge that I/we understand that the primary activities undertaken by CPRD involve instruction and participation in the Chisholm Youth Center. As with the participation in any activity, there exists a certain inherent risk arising from not only the nature of the activities, but also from the participation of others in the games and activities. I/we, on behalf of myself/ourselves and the participant named herein, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

Further, as a condition to participation in the programs/activities of CPRD I/we, for ourselves individually and on behalf of the participant, our heirs, executors, and administrators, hereby waive, release and forever discharge CPRD its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, (collectively, the "Released Parties"), from any liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participating in the Youth Center activities, and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the participant.

A separate waiver on the back of this form is made available for youth to participate in virtual reality (VR) programming. Manufacturers recommend META Quest 2 for youth ages over 13. The option to allow VR programming will be made available to all youth in grades 4+ attending the Youth Center, but parent/guardian permission/waiver must be completed and signed.

Please sign and date this waiver and print your child's name. This form must be completed for your child to take part in any activities conducted by the Chisholm Parks and Recreation Department.

Parent or Legal Guardian (print name): _____

Child's name (print name): _____

I am allowing my son/daughter_____ (name) to be occasionally photographed for the purpose of the Chisholm Youth Center Public Relations program

_____ Date Signed: _____
Parent/Guardian Signature

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VIRTUAL REALITY RELEASE AND WAIVER FORM

Due to the unpredictable nature of everyone's response to virtual reality (dizziness, nausea, seizures, anxiety, fear of heights, bumping into objects, etc.), all participants are required to sign this waiver releasing the City of Chisholm, Chisholm Youth Center, and Chisholm Public Library from any liability regarding participant's use of the virtual reality (VR) equipment.

YOU ARE ADVISED TO STOP USING THE VR EQUIPMENT IF YOU EXPERIENCE ANY DISCOMFORT

I (or my child/dependent/minor) wish to participate in exploring VR experiences through the programming at the Chisholm Youth Center or Chisholm Public Library. I (or my child/dependent/minor) understand that to participate in using the VR equipment at these locations, I agree to and understand the following:

1. Participant is at least 13 years of age, pursuant to the recommendations of the manufacturer of the VR equipment. Minors under the age of 18 will NOT be allowed to use VR equipment without a parent or legal guardian's signature.
2. Minors under 13 are not recommended by the manufacturer to participate in VR programming. A parent or legal guardian can waive the recommendation to allow a minor to participate with a signature and understanding of this recommendation.
3. I assume all the physical, psychological, and financial risks associated with participating in the use of VR equipment.
4. I agree to immediately stop the use of the VR equipment if I experience any discomfort, such as but not limited to: dizziness, nausea, seizures, anxiety, fear of heights, bumping into objects, etc.
5. I agree to follow all rules that the Chisholm Youth Center or Chisholm Public Library has in place regarding the issuing, handling, and returning of VR equipment.

I UNDERSTAND THAT I MUST SIGN THIS RELEASE OF LIABILITY IN ORDER TO USE THE VR EQUIPMENT AT CHISHOLM YOUTH CENTER OR CHISHOLM PUBLIC LIBRARY.

Participant Name: _____

Age of Participant: _____

Signature of Participant if age 18 or over: _____

Signature of Parent of Participant if under the age of 18: _____

Date: _____