



OCTOBER 17



HALLOWEEN-THEMED FAMILY SWIMMING EVENT

THURSDAY, OCTOBER 17 | 5:30 - 7:30 PM
\$8/PERSON | CHOICE AQUATICS AREA

A two-hour Halloween-themed swimming event for the whole family! “Spooky Splash” will feature Halloween games, and a monster mash of music. Come join us for some fun themed swimming at this “spooktacular” event.



CHOICE
HEALTH & FITNESS



OCTOBER 17



Join us for some Halloween pool fun! **“Spooky Splash”** will feature Halloween games, and a monster mash of music.

Date: October 17

Time: 5:30 - 7:30 pm

Where: Choice Health & Fitness Aquatics Area

Cost: \$8 per person

Registration: Open to first 120 people.
\$5 late fee after deadline—Oct. 14

Ages: Open to all ages*

*Children 10 years and under must be supervised by a person 14 years or older.

*Children 4 years and under must be within arms reach of an adult at all times.

Pool Rules: Choice Health & Fitness pool rules apply.
See choicehf.com for full Aquatics policy.

SPOOKY SPLASH HALLOWEEN POOL PARTY 2019 | REGISTRATION FORM

PLEASE FILL IN THE NAME (and age if applicable) OF EACH FAMILY MEMBER ATTENDING POOL EVENT.

Parent/Guardian Name: _____

Parent/Guardian Name: _____

(1) Child's Name: _____ Age: _____ (4) Child's Name: _____ Age: _____

(2) Child's Name: _____ Age: _____ (5) Child's Name: _____ Age: _____

(3) Child's Name: _____ Age: _____ (6) Child's Name: _____ Age: _____

PARENT/GUARDIAN MUST SIGN RELEASE BELOW FOR FAMILY MEMBERS LISTED ABOVE.

Parent Name(s): _____ Email: _____

Address: _____ City/State/Zip: _____

Parent Phone: _____ - _____ - _____ Alternate Phone # (work, mobile, etc.) _____ - _____ - _____

I hereby acknowledge the health of my child(ren) and myself, listed above, to be ready for vigorous activity and authorize the directors to secure any emergency treatment deemed necessary, and that I hereby release the Grand Forks Park District, Choice Health & Fitness and all employees, executors, and heirs from all claims for injuries, which may be sustained by my child while attending this program. I also understand that any medical bills incurred by my child due to injuries will be my responsibility or the responsibility of my family health insurance plan.

Photo and Video Release | Permission to Use Photograph and/or Video: I grant to the Grand Forks Park District, its representatives and employees, the unlimited and unrestricted license and right to take and publish photographs and/or video of me and/or my child in connection with my/our use of Grand Forks Park District facilities and during related activities. I further authorize the Grand Forks Park District, its assigns and transferees, to copyright, use and publish the same in print and/or electronically in Grand Forks Park District sponsored materials. No license or royalty payments are required to the undersigned. I further agree that the Grand Forks Park District may use such photographs and/or video of me and/or my child, with or without my name being included, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content consistent with the license granted above.

Parent or Guardian Signature: _____ Date: _____

For office use only: Ring up registrations under “AQUATICS - SPECIAL EVENTS”. \$7.46 + tax per participant.