

Santee Recreation Registration & Teen Center Membership Form

Primary Adult Contact

First Name _____ Last Name _____ Where did you find information about this program?
 City Web Site
 Santee School District Web Site
 Facebook
 Email
 Other

Address _____ Resident Non-resident

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____ Email _____

Authorized Pick Up/Emergency Contact (different from above)	Phone Number	Relationship

Participant #1	Participant #2	Complete below for Santee Teen Center Membership
Name: _____ Gender: M F <input type="checkbox"/> Address same as above. DOB: _____ Medical concerns and information: <input type="checkbox"/> Special accommodations needed to participate in the activity. <input type="checkbox"/> Medication needed/taken during program hours. <input type="checkbox"/> Allergies, behavior/attention issues, injuries or illness. (Youth; if box checked, Administration of Medication form required.) Details _____ <input type="checkbox"/> Currently taking medication. Name/Dosage/Purpose _____	Name: _____ Gender: M F <input type="checkbox"/> Address same as above. DOB: _____ Medical concerns and information: <input type="checkbox"/> Special accommodations needed to participate in the activity. <input type="checkbox"/> Medication needed/taken during program hours. <input type="checkbox"/> Allergies, behavior/attention issues, injuries or illness. (Youth; if box checked, Administration of Medication form required.) Details _____ <input type="checkbox"/> Currently taking medication. Name/Dosage/Purpose _____	I agree to allow my child to: (Please circle Y or N) Y N View PG-13 movies with the Teen Center. Y N Participate in supervised walking local outings within the City of Santee. Code of Conduct applies to all members School: _____

Program Registration

Participant's First & Last Name	Class/Activity/Camp	Day	Time	Location	Start Date	Course #	Fee

Method of Payment

Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard FAX (619) 258-4189 EMAIL csdfrontdesk@cityofsanteeca.gov NAME ON CARD _____ _____ Expiration Date _____ V-code _____ Signature _____	<input type="checkbox"/> Check Payable to the City of Santee (\$12 returned check fee) Mail to: Recreation Programs, City of Santee 10601 Magnolia Ave., Bldg. 6 Santee, CA 92071	<input type="checkbox"/> Cash Walk-In ONLY <div style="background-color: #ffffcc; padding: 5px; text-align: center;"> PLEASE, No Cash in Drop Box </div>	Subtotal Program Registration Fee _____ VIP _____ Recreation Activity Fund Donation+ _____ TOTAL _____
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The City's Liability Waiver must be signed by all participants over the age of 18, or if minor, by a parent/guardian.

Release from Liability, Indemnification, and Photographic Release. (Please read before signing.)

I, the undersigned, do hereby agree to participate and/or allow the participant(s) listed above to participate in the recreation program(s) indicated. I understand that recreation programs, by their very nature, can present circumstances that place the participant at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am and/or the above-named participant(s) is/are entered into this program at my/their own risk. In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form or his/her legal guardian, agrees as follows: I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s). COVID-19 is by its nature contagious, and I voluntarily assume the risk that the participants and I may be exposed to, or infected by COVID-19, by attending or participating in recreation program(s), and that such exposure or infection may result in personal injury, illness, permanent disability, or death. Knowing the risks involved, I nevertheless agree to release, indemnify, defend and hold the City of Santee, its officers, employees, agents, volunteers and independent contractors harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I expressly waive and relinquish all rights and benefits afforded by Section 1542 of the California Civil Code, which provides as follows: "A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party." In the unlikely event of a serious injury, emergency medical providers will be directed to properly treat participant(s) and if needed, they will transport participant(s) to the hospital. Your signature below satisfies the following requirements: It authorizes staff to seek necessary medical attention for participant(s) in an emergency. It confirms the information on this form is correct to the best of your knowledge. I permit the City of Santee to use, publish and post, including but not limited to, on television (SanteeTV) and social media, photographs and/or videotapes of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will. THE CITY OF SANTEE DOES NOT HAVE OR PROVIDE MEDICAL OR ACCIDENTAL INSURANCE FOR PERSONS INVOLVED IN PROGRAMS SPONSORED BY THE CITY OF SANTEE

YMCA Release and Waiver of Liability and Indemnity Agreement for Minors (For Day Camp, X-Factor and Jr Leader)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified. 4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Signature(s): _____ Date: _____ camp registration form 6/2021