

RECREATION SERVICES

Office Hours

Monday - Thursday:

8:00 a.m. - 5:00 p.m.

Friday: 8:00 a.m. - 1:00 p.m.

Phone: (619) 258-4100 ext. 222

Fax: (619) 258-4189

E-mail: santee@cityofsanteeca.gov

Website: www.cityofsanteeca.gov



3 WAYS TO PAY

Payment is required at the time of registration. You may pay by any of the following methods:

1. Credit 2. Check 3. Cash

MasterCard
and Visa

Payable
to "City of
Santee"

Walk-in only,
do not mail
cash

Proof of Residency

A resident (R) is a person who lives within the city limits of Santee. Residency is based on the address of the class participant, not on the address of the payee. Proof of residency is required. Acceptable documents are: address imprinted on personal check, current property tax bill, utility bill, or driver's license. (First time registrants only) Non-residents (NR) are welcome to sign up for our programs. An additional fee applies.

Proof of Age (Minor registrants - first time only)

Proof of age must be provided the first time you register with us. Participants must meet the minimum age requirement by the first day of activity and must not exceed the advertised maximum age. Proof of birth date is required. Acceptable documents are: birth certificate, immunization card, health card, or passport.

The City of Santee is proud to be affiliated with KIT. Please contact Community Services at (619) 258-4100 ext. 258 three (3) weeks prior to start date of program if your child requires accommodations due to a medical condition or disability.



Financial Assistance (Voucher Incentive Program VIP)

The financial assistance resident program provides financial assistance to children, teens, and seniors to participate in city recreation programs. Funding is provided through funds raised by the Santee Park and Recreation Committee (SPARC) and recreation activity donations. To be eligible, applicants must live in Santee and have a total household income that meets U.S. Department of Housing and Urban Development guidelines. Applications can be obtained at Santee City Hall, 10601 Magnolia Avenue, Building 6. For more information call (619) 258-4100 ext. 222.

100% Satisfaction Guaranteed

If you are unsatisfied with your experience you may apply for a transfer, credit or refund by submitting a written request within the same session. If an activity is cancelled due to a lack of enrollment, you can register for an alternative activity, if available or request a refund. A fee may apply. Non-resident and on-line service fees are not refundable. The Recreation Services Division reserves the right to cancel or combine activities, or change instructors as needed.

Register Now!

Complete the registration form on the next page and submit it along with the required residency verification. If applicable, submit your age verification, and/or Voucher Incentive Program letter in one of the following ways:

5 Ways to Register

Payment is required at the time of registration.

- 1 Online:** Use convenient online registration for activities. Go to santeerec.com and click on the Register Online button. (Note: a convenience fee applies, VIP and family discount not available online.) Customers may need to establish a new log on by calling (619) 258-4100 ext. 222.
- 2 Mail to:** Recreation Programs
City of Santee
10601 Magnolia Avenue, Bldg. 6
Santee, CA 92071
- 3 Fax:** You may fax your registration (credit cards only) to (619) 258-4189.
- 4 Drop Off:** Hand deliver completed registration in a sealed envelope to our 24-hour drop box at 10601 Magnolia Avenue, Bldg. 6. (No cash)
- 5 Walk-In:** You may register at our offices during regular business hours. Late registration is accepted, in most cases, through the first week of classes.

**Parks
Make
Life
Better!**



Santee Recreation Registration & Teen Center Membership Form

Primary Adult Contact

First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Other Phone _____ Email _____

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

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

Participant #1	Participant #2
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. Youth Only <input type="checkbox"/> Participant may sign themselves in/out of activity. Name/Dosage/Purpose _____ <input type="checkbox"/> Custody concerns.	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. Youth Only <input type="checkbox"/> Participant may sign themselves in/out of activity. Name/Dosage/Purpose _____ <input type="checkbox"/> Custody concerns.

Complete below for Santee Teen Center Membership

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 PRINT EXACT NAME ON CARD _____ 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 PLEASE, No Cash in Drop Box	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). I 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 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). 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 Community Services Department to use and publish 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'S DEPARTMENT OF COMMUNITY SERVICES.

Signature(s): _____ Date: _____

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: _____