

# Santee Recreation Registration Form

Participant Conduct Expectations applicable to all registrants. See Activity Guide for full list.

## Primary Adult Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Where did you find information about this program?  
 Address \_\_\_\_\_  Resident  Non-resident  City Web Site  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Santee School District Web Site  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_  Facebook  
 Email  
 Other

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

Participant #1	Participant #2	Complete below for Santee Teen Center Membership
Name: _____ Gender: _____ <input type="checkbox"/> Address same as above. DOB: _____ <b>Medical concerns and information:</b> <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.) <small>Details</small> <input type="checkbox"/> Currently taking medication. <input type="checkbox"/> Custody concerns. <small>Name/Dosage/Purpose</small>	Name: _____ Gender: _____ <input type="checkbox"/> Address same as above. DOB: _____ <b>Medical concerns and information:</b> <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.) <small>Details</small> <input type="checkbox"/> Currently taking medication. <input type="checkbox"/> Custody concerns. <small>Name/Dosage/Purpose</small>	<b>Code of Conduct</b> 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

<b>Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <b>FAX</b> (619) 258-4189 <b>EMAIL</b> csdfrontdesk@cityofsanteeca.gov NAME ON CARD _____ _____ _____ Expiration Date _____ V-code _____ Signature _____	<input type="checkbox"/> <b>Check</b> 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"/> <b>Cash</b> Walk-In ONLY <div style="background-color: #ffffcc; padding: 5px; text-align: center;"> <b>PLEASE, No Cash in Drop Box</b> </div>	Subtotal Program Registration Fee _____ VIP _____ Recreation Activity Fund Donation+ _____ <b>TOTAL</b> _____
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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

**Below signature for both above waiver and YMCA Release & Waiver of Liability & Indemnity Agreement for Minors (Day Camp, X-Factor, Jr Leader) on back.**

Signature(s):

Date:

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

## YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

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 whether at a YMCA location or virtually from wherever the minor may be. 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 either in person or virtually, 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.

## COVID-19 ASSUMPTION OF RISK AND RELEASE AND WAIVER

5. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of any groups of people other than in your own household. **YMCA of San Diego County ("YMCA")** has put in place preventative measures suggested by the Centers for Disease Control and Federal, State, and Local Government to reduce the spread of COVID-19; however, YMCA **cannot guarantee** that you or your child will not become infected with COVID-19. Further, **attending YMCA facilities, programs or childcare could increase** your family's risk, your risk, and your child's risk of contracting COVID-19. By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child and I along with my family may be exposed to or infected by COVID-19 by attending YMCA facilities, programs or childcare and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA facilities, programs or childcare may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA employees, volunteers, and program participants and their families I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child or my family may experience or incur in connection with my child's attendance at YMCA or participation in YMCA programming ("Claims"). On my behalf, and on behalf of my family and children, I hereby release, covenant not to sue, discharge, and hold harmless YMCA, its employees, agents, and representatives, of and from any and all Claims, including all liabilities, claims, actions, suits, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YMCA program.

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.

## YMCA OF SAN DIEGO COUNTY CODE OF CONDUCT

The YMCA of San Diego County is dedicated to providing a safe and welcoming environment for all its members and guests. The YMCA is an organization open to all people. We welcome and value individuals of all ages, races, ethnicities, religions, gender identities, abilities, sexual orientations and financial circumstances. We are committed to having programs and services that embrace diversity, reflecting the people and needs of our communities.

To promote safety, all individuals are asked to act appropriately and follow the rules/guidelines at all times within our facility or when participating in our programs. This includes following any revised guidelines and protocols related to the pandemic situation, or as otherwise instructed by the CDC and local government. The YMCA of San Diego is an anti-racist, diverse, and inclusive service organization, which prohibits hate, racism, and discrimination within our YMCA and the communities we serve. We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. The following actions listed below are behaviors considered inappropriate in our facilities, programs and in online communities, and therefore not allowed. Please note this is not an exhaustive list.

- Illegal chemicals or alcohol. Using, possessing or under the influence of alcohol or drugs on YMCA property or at Y sponsored programs.
- Smoking. The use of tobacco or tobacco-like products, including e-cigarettes or vaping. The YMCA is a drug free environment.
- Weapons. Carrying or concealing any weapons or devices or objects that may be used as, or look like weapons. Exception is those carried by qualified active and/or retired law enforcement.
- Harassment / intimidation. Harassment or intimidation by words, gestures, body language or any menacing behavior that demeans another person or culture.
- Threatening physical contact. Physical contact with another person in any hostile or threatening way including but not limited to "play fighting."
- Inappropriate language. Hostile or vulgar language, including swearing, name-calling or shouting.
- Inappropriate conduct. Any other conduct of an inappropriate, threatening or offensive nature.
- Inappropriate attire. Clothing with vulgar language, obscene gestures, racial slurs, or anything that contributes to a hostile environment or would be considered inappropriate in a family facility.
- Sexual activity. Any demonstration of sexual activity, sexual contact with another person or sexually explicit conversation and behavior.
- Theft / destruction of property. Theft or behavior that results in the destruction of property.
- Loitering. Loitering in or outside YMCA facilities or programs and/or inappropriate use of Y facilities.
- Inappropriate cell phone activity. Cell phone or photographic/video equipment use of any kind - organizing playlists, music, texting, camera functions, video recording - is not permitted in the locker rooms at any time (including unauthorized photography of facilities, members or participants). Phone calls are not allowed in fitness areas.
- Social Media. Use of social networking in a manner that is contrary to the Y's mission, is detrimental to the community or is in violation of the law.