

Santee Recreation Registration & Teen Center Membership Form

ONE FORM PER FAMILY FORM MAY BE COPIED

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/PeachJar
 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: 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"/> Allergies, behavior/attention issues, injuries or illness. 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"/> Allergies, behavior/attention issues, injuries or illness. Details _____ <input type="checkbox"/> Currently taking medication. Name/Dosage/Purpose _____	Code of Conduct applies to all members School: _____ 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.

Program Registration

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

Method of Payment

Credit Card Visa MasterCard **FAX** (619) 258-4189
EMAIL csdfrontdesk@cityofsantee.ca.gov
 NAME ON CARD _____

 Expiration Date _____ V-code _____
 Signature _____

Check
 Payable to the City of Santee (\$5 returned check fee)
 Mail to: Recreation Programs,
 City of Santee
 10601 Magnolia Ave., Bldg. 6
 Santee, CA 92071

Cash
 Walk-In ONLY

PLEASE, No Cash in Drop Box

Subtotal Program Registration Fee _____
 VIP _____
 Recreation Activity Fund Donation+ _____
 TOTAL _____

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(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). 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: _____