



**CITY OF SANTEE - COMMUNITY SERVICES DEPARTMENT  
TEEN CENTER MEMBERSHIP APPLICATION**

**To register for a Teen Center Membership, go online to SanteeRec.com or complete this form and return it to:**

**Walk-in: Santee City Hall – Community Services Department - or - Santee Teen Center**  
**10601 Magnolia Ave., Building 6, Santee, CA 92071 8115 Arlette St., Santee, CA 92071**  
**Email: [csdfrontdesk@cityofsanteeca.gov](mailto:csdfrontdesk@cityofsanteeca.gov) FAX: (619) 258-4198**

**Teen Center Participant Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** **Male** **Female** **Prefer not to answer**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Authorized to  
Pick-up participant

**Address (if different than participant):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Authorized to  
Pick-up participant

**Address (if different than participant):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Medical/Participant Information:**

Special accommodations needed: \_\_\_\_\_

Behavior/attention issues: \_\_\_\_\_

Allergies/food intolerance: \_\_\_\_\_

Medications needed/taken during program hours\*:  
\_\_\_\_\_

\*Administration of Medication form required – available online  
or at the Community Services office

**Teen Center Activity Options – I allow my child to:**

Check themselves out of the Teen Center

View PG-13 movies

Participate in walking local outings

**Code of Conduct (on the back) – My child and I agree to adhere to the Teen Center Code of Conduct:**

**Participant initial** \_\_\_\_\_ **Parent initial** \_\_\_\_\_

**PAYMENT INFORMATION**

**Credit Card – VISA MASTERCARD Cash – Walk in only Check – Payable to the City of Santee**

**Name on Card:** \_\_\_\_\_

**Card #:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ **V-Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Mail to: Community Services Dept.  
City of Santee  
10601 Magnolia Ave. Bldg. 6  
Santee CA, 92071  
(\$10 RETURNED CHECK FEE)

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

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_