

CITY OF SANTEE – TEEN CENTER – MEMBERSHIP APPLICATION

City of Santee • Recreation Division
PLEASE PRINT IN INK AND FILL OUT COMPLETELY
 ONE FORM PER FAMILY – MAY BE COPIED

The City's Liability Waiver must be signed by all participants over the age of 18 or if minor by a parent/guardian. Unsigned waivers will cause your registration to be returned unprocessed. Thank you for your cooperation.

Primary Adult Contact

Parent/Guardian Name:

Last Name _____ First Name _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell Phone _____ E-mail _____

Emergency Contact:

Name _____ Day Phone _____ Evening Phone _____ Cell Phone _____

Name _____ Day Phone _____ Evening Phone _____ Cell Phone _____

In the unlikely event of a serious injury, emergency treatment would be required; emergency medical providers will be directed to properly treat your child if needed, they will transport your child to the nearest hospital. Your signature below satisfies the following requirements:

*It authorizes staff to seek necessary medical attention for your child in an emergency *It confirms the information on this form is correct to the best of your knowledge.

Medical Conditions (i.e.: medications, allergies, diets, etc.): _____

Activity Registration

| Participant's Name First and Last | AGE | DOB M/D/Y | School | Grade | CLASS/ACTIVITY | COURSE # | Start Date | End Date | Payment Options | FEE | NR |
|--------------------------------------|-----|--------------|--------|-------|----------------------------------|----------|---------------|-------------|--|-----|----|
| | | | | | Teen Center Membership | | | | \$20 per year from enrollment date \$10 NR Fee | | |
| | | | | | Transportation to Teen Center | | | | Per Week: \$10 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |



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

Program Fees _____
 Recreation Activity Fund Donation + _____
 Less VIP - _____
TOTAL _____

Method of Payment

Credit Card

Exact Name on Card:

| | |
|------------------|--------|
| Card Number: | |
| Expiration Date: | V-code |
| Auth. Signature: | |

Check

Separate Checks for EACH Class payable to
 The City of Santee (\$10 Returned Check Fee)

Mail To: Recreation Classes, City of Santee
10601 Magnolia Avenue, Building 6
Santee, CA, 92071

Cash

Walk In Only

PLEASE, NO
 CASH IN DROP
 BOX

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, and volunteers 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 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. Parents or Guardian's signature is required for participants who are under age 18.

SIGNATURE(S) _____ DATE: _____

ALL adult participants over 18 and parent/guardian of minor participants are required to sign.

SANTEE TEEN CENTER CODE OF CONDUCT

Dear Participant Member:

The Santee Teen Center is open to all teens and operates on a drop-in basis. The Teen Center staff is here to provide a safe and fun environment for all teens. Please read the following and sign your full name in the space provided. Thank you!

- o I will treat myself with respect.
- o I will treat the Santee Teen Center staff with respect.
- o I will treat other Santee Teen Center members with respect.
- o I will treat the Santee Lakes Recreation Preserve Environment and Employees with respect.
- o I will respect the property of others.
- o I will be honest and trustworthy in my participation at the Santee Teen Center and its activities.
- o I know that the Santee Teen Center is a safe place, free of violence, harassment, weapons, tobacco, drugs, alcohol, and other negative behaviors.
- o I know that I will be held responsible for my actions and the consequences will be one or all of the following:
 - Removal from activities
 - Suspension from the Teen Center
 - Contact with my parent/ guardian
 - Contact with the Santee Sheriff' Department
 - Dismissal from the program

I pledge to:

RESPECT Myself. RESPECT Others. RESPECT Property.

Member Signature: _____

**PADRE DAM MUNICIPAL WATER DISTRICT
WAIVER AND RELEASE OF LIABILITY**

I UNDERSTAND AND ACKNOWLEDGE that participating in boating presents the potential for death, serious injury, and property loss. The risks include, but are not limited to those caused by terrain, facilities, equipment, water temperature, weather, lack of hydration, other boat traffic, and the actions of others, including, but not limited to Padre Dam workers, other boaters, spectators, and volunteers. I understand and acknowledge that my injuries, death or property loss are solely my responsibility and not the responsibility of Padre Dam Municipal Water District. I understand that I am assuming all risks associated with boating at Santee Lakes Recreational Preserve.

I ACKNOWLEDGE that this form will be used by Padre Dam Municipal Water District and that it will govern my actions and my responsibilities.

In consideration and participation of this event, I hereby WAIVE, RELEASE, AND DISCHARGE from any and all liability for the death, disability, or personal injury to me, the District, its directors, officers, employees, representatives, and agents. I also agree to INDEMNIFY AND HOLD HARMLESS, the entities mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my actions while participating in sporting events. THIS WAIVER, RELEASE, AND DISCHARGE COVERS MY PERSONAL RIGHTS.

I UNDERSTAND that I am giving up substantial rights by signing this Waiver and Release of Liability.

I CERTIFY that my child will only participate in boating activities under the supervision of City of Santee staff.

Parent/Guardian Signature

Date

The following waivers/agreements are OPTIONAL additions for Teen Center members

MOVIES ~ LOCAL TRIPS ~ EMAIL NOTIFICATION

Please circle and initial the appropriate selection

I, the undersigned, do hereby agree to allow: _____
(Name of Participant)

to participate in the following OPTIONAL Santee Teen Center Activities:

PG- 13 Movies: YES _____ NO _____

The Santee Teen Center occasionally provides events and activities which would include the viewing of one to two movies either at the Santee Teen Center, during a bus ride for a trip, or during a trip to the movie theater (which would include an additional permission slip). By initialing the "Yes" box above, you are agreeing to allow your child to view PG-13 movies with the Santee Teen Center. If you do not agree, please initial the "No" box.

Local Trip Permission: YES _____ NO _____

The Santee Teen Center occasionally provides trips to the many parks and attractions the City of Santee has to offer within walking distance of the Santee Teen Center during normal teen center operating hours. Your teen would be accompanied by at least two City of Santee, Santee Teen Center staff members at all times during the outing. By initialing the "Yes" box above, you are agreeing to allow your child to participate in supervised outings, by foot, to any local City of Santee park and/or attraction. If you do not agree, please initial the "No" box.

**Use of Email to Receive Information: Parent YES/NO _____
Participant YES/NO _____**

The Santee Teen Center will be sending participants calendar/event information via email. If you would like yourself or your child to be to receive Santee Teen Center information via email, please initial the appropriate box. By initialing the "Yes" box above, you are agreeing to allow your child to receive Santee Teen Center information via email. Please provide your child's email address in the space provided. If you would also like to receive information, please provide your own email address as well. If you do not wish for your child or yourself to receive email from the Santee Teen Center, please initial the "No" box.

Participant E-Mail: _____ Parent E-Mail: _____

By providing my initials in the above selected boxes, I understand that I am giving my child permission to participate in those selected program options/activities.

Parent/Guardian Signature

Date

The Santee School District does not support, sponsor, supervise, or endorse any activities, events, or information.