



Registration Form

CLASSES, PROGRAMS & EVENTS

The City of Sacramento Department of Youth, Parks, and Community Enrichment offers three ways to enroll in programs! Registration is simple and fast.

INTERNET

<https://apm.activecommunities.com/cityofsacparksandrec>

MAIL

complete & mail this form and fees to: Registration • 4623 T Street, Ste. B, Sacramento, CA 95819

COME AND SEE US

Coloma Community Center • 4623 T Street • (916) 808-6060

S. Natomas Community Center • 2921 Truxel Road • (916) 808-1571

Sam & Bonnie Pannell Community Center 2450 Meadowview Road • (916) 808-6680

Please call individual Center for hours of operation.

Payer Information					
<input type="checkbox"/> Yes, I have moved and my new address is below:					
Payer's Name:				Home Phone:	
Address:				State:	Zip:
Email address:					
Participant Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Age	DOB
Parent/Guardian Name:				Phone #:	
Course Registration					
Course#	Activity Name	Location	Time	Start Date	Fee
					\$
					\$
					\$
Allergies					
Please list any allergies and please describe the over the counter and/or prescription medications for each condition. If no medications are given, please write None:					
Inclusive Modification:					
Please select "Yes" if you require an inclusive modification for this program. The City provides program modifications on a case by case basis based on the needs of participants, as outlined in Title II of the Americans with Disabilities Act (ADA). By checking this box, you may be asked to fill out an additional form. Staff will contact you directly to be sure that program needs are met. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Emergency Contact					
First Name	Last Name	Phone Number	Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Second Emergency Contact					
First Name	Last Name	Phone Number	Relationship		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Hold Harmless Agreement for Participation in City of Sacramento Programs

Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

Covid-19 Release And Assumption Of Risk: This is a release of liability. Read carefully before signing. The City's child day care, senior respite care, and child and adult recreational programs are operated under the guidelines set forth by the CDC and the state, as well as state and local public health officer orders. These guidelines and orders have recently changed to eliminate temperature checks, masks, and social distancing requirements; however, circumstances may change in the future. While staff will remind participants to comply with the applicable requirements, they may refuse or forget to comply. It is not possible to ensure that every participant will constantly comply with the COVID-19 mitigation requirements. Because it is a respiratory illness, there is a risk of exposure that a participant could contract the virus while at the City program.

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Release And Waiver

Knowing the risks and in consideration of being permitted to participate in the City's program, I hereby agree to the following:

1. Each morning I will check myself and my child or senior relative (as applicable) and I or they will not attend if we or any other member of my household has any COVID-19 symptoms: which include fever, chills, cough, sore throat, runny nose, shortness of breath, loss of taste or smell, unusually fatigued, vomiting, or diarrhea; and for children also muscle pain, abdominal pain, rash, and bloodshot eyes; even if you think it's just a cold or allergies.
2. On behalf of myself, my child, my senior relative, and other members of my household; we voluntarily waive, release, and discharge the City of Sacramento ("City") and its respective officers, employees, contractors, and volunteers, (collectively "Releasees") from all claims, actions, or demands of any kind, nature, and description (collectively "Claims"), including Claims for damages for medical care and personal injury, including disability and death, which I, my child, my senior relative, and any other member of my household may have now or in the future against Releasees arising out of or in any way related to or connected with I or their participation in the City's program which results in I and/or we contracting COVID-19, Multisystem Inflammatory Syndrome in Children, or related illness.
3. This release is intended to discharge, in advance, Releasees from any and all liability arising out of or connected in any way with I, my child, my senior relative, or any other member of my household contracting COVID-19 or a related illness even though that liability may arise out of negligence or carelessness on the part of Releasees in insuring strict compliance with the COVID-19 requirements. I further understand and agree that this COVID-19 Release and Assumption of Risk is binding on me and my child, my senior relative, and all other members of my household, and our respective heirs, executors, administrators and assigns.

I have read this COVID-19 Release and Assumption of Risk and understand that I, and on behalf of the other members of my household, are giving up substantial rights by signing it, and I am hereby attesting to the fact that I am representing my relatives and the members of my household and I signed it voluntarily.

Fitness Room Waiver: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment deemed necessary by an attending physician for the physical wellbeing of the participant. I understand that I am responsible for all costs associated with this medical care. I hereby take the following action for my executors, administrators, heirs, next of kin, successors and assigns: I understand that serious accidents or injuries occasionally occur during the use of fitness equipment. Knowing the risk and in consideration of being permitted to enter the Fitness Center for any purpose, including but not limited to observation of the activities at the Center, or use of the facilities or equipment, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees, agents, and contractors from any and all liability for personal injury, death or property damage connected with participation of the above participant, even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing. In consideration of the rights and privileges granted to me above, I certify that: I have read, understood, and agree to the Guidelines set forth above. I have read, understood, and agree to the Medical Authorization set forth above. I have read, understood, and agree to the Release and Waiver of Liability and understand that I am giving up substantial rights by signing it, and I sign it voluntarily. I understand that it is my responsibility to consult with a physician prior to taking part in fitness activities to ensure that I have no medical condition that would preclude such activities.

Refunds/Cancellations/Transfer: The City of Sacramento reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. Participants will be notified if the course is filled or canceled. Our staff will assist you in selecting another activity, registering for another course or receiving a refund. If insufficient enrollment causes an activity to be canceled or in the event that the staff must cancel a course for which you have registered, we will contact you and offer you an option of transferring in another session or receiving a full refund check by mail in 3 weeks. No request for refunds or transfers will be accepted after an activity has started, except in case of the participant's illness, supported by written documentation from the family physician. If you cancel or request a transfer prior to the start of the activity a \$5 processing fee per participant, per course will be assessed.

Permission for Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

Consent to Photograph, Film or Tape: I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent, staff leading the program for which I am registered must be informed of and record my non-consent.

Privacy Statement: The information provided is accessible only by Recreation staff. Course coordinators and instructors will receive only the name, current age, address, and phone number of participants. Email addresses will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals except as required by law.

Signature	
Parent/Adult Signature:	
Payment Information	
Amount Due:	Entered by:
Check or Money Order:	Cash: \$