

City of West Sacramento Parks & Recreation
1110 West Capitol Avenue, First Floor • West Sacramento, CA 95691
Phone: (916) 617-4620 • Fax: (916) 372-5329

Registration Form

Parent/Adult Contact (Main Account Holder) Information: NEW Account Change of Information

Name (Last, First): _____ Email: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Financially Responsible Party: _____ Home Phone: _____

If different than main account holder

Emergency Contact (not parent): _____ Relationship: _____ Phone: _____

Emergency Contact (not parent): _____ Relationship: _____ Phone: _____

Are there any specific accommodations desired/needed to provide the fullest participation in this activity (as related to medical condition, medicine, allergies; and/or developmental, physical, mental, learning, hearing, visual, or other specific considerations)? YES, please explain: _____ NO **If YES, please arrange an appointment after registration to further discuss appropriate accommodations. Our goal is to insure the fullest involvement and benefit possible to all participants.**

Participant Name	Gender	Birth date	Activity #	Activity Name	Dates	Fee
Total Fees:						

Waiver of Liability, Medical Release, and Indemnification Agreement for Minor and Adult Participant

In consideration for myself and my minor child(ren) being permitted by the said City to participate in the above listed activity (a more detailed description can be found in the registration system under the activity number and will also be available on your activity receipt) each of us hereby waives, releases, and discharges any and all claims for damages for personal injury, death, or property damage me or my minor child(ren) may sustain or which may occur as a result of my or my minor child(ren)'s participation in said activity. I understand and agree that:

1. This release is intended to discharge in advance the said City (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with the participation of me or my minor child(ren) in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (or its officers, employees, or agents).
2. Each of us understands that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity;
3. That serious accidents occasionally occur during the above-described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof;
4. Knowing the risks involved, nevertheless each of us agrees to assume all risks of injury and to release and hold harmless the said City (its officers, employees, or agents) who through negligence or carelessness might otherwise be liable to me or my minor child(ren). It is further understood that this waiver, release and assumption of risk is to be binding on the heirs and assigns of the undersigned.
5. Each of us further agrees to indemnify and to hold the said City (its officers, employees, and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage which myself or my minor child(ren) may sustain while participating in said activity.
6. I certify that I have custody or am the legal guardian of said minor by court order.
7. I further agree to reimburse or make good any loss or damage cost that said City (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by myself or my minor child(ren) or by anyone on behalf of said minor.
8. I agree that in the event said minor requires medical or surgical treatment while under the supervision of said City's recreation personnel in connection with the described activity, such supervisor may authorize treatment.
9. I also agree to pay all medical, hospital, or other expenses which said myself or my minor child(ren) may incur as a result of such treatment.
10. I expressly permit said minor child to travel by private automobile to activities and events related to the described activity.
11. Activities are not child care as defined by the State of California.
12. I give consent to the City of West Sacramento to photograph or videotape me or my minor child(ren). I understand the pictures or video may be included in the promotion of all City programs.
13. RECREATION CENTER PASS: I, _____ (initial) further agree this waiver is valid through the remainder of this calendar year.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the said City and I sign it of my free will.

Signature of Participant (Parent/Guardian if under age 18) _____ Printed Name _____ Date _____

Signature of Adult Participant _____ Printed Name _____ Date _____

Club West Membership Information Form

Unit Information

For Office Use Only

KidTrax ID <input style="width: 90%;" type="text"/>	Member ID <input style="width: 90%;" type="text"/>	Data Entry
Comment: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		Rec'd: <input style="width: 80%;" type="text"/>
		Entered: <input style="width: 80%;" type="text"/>
		ID Issued: <input style="width: 80%;" type="text"/>
		Membership Dates
		Service: <input style="width: 80%;" type="text"/>
		Termination: <input style="width: 80%;" type="text"/>
		Initial: <input style="width: 80%;" type="text"/>
		Renewal: <input style="width: 80%;" type="text"/>

Student (Please Print)

Students First Name: <input style="width: 95%;" type="text"/>	Students Middle Name: <input style="width: 95%;" type="text"/>	Students Last Name: <input style="width: 95%;" type="text"/>
Name of Person Member Lives With: <input style="width: 95%;" type="text"/>	Home Phone Number: <input style="width: 95%;" type="text"/>	Emergency Contact Name: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>		Emergency Phone & Extension: <input style="width: 95%;" type="text"/>
City: <input style="width: 95%;" type="text"/>	State: <input style="width: 50%;" type="text"/>	Postal Code: <input style="width: 50%;" type="text"/>
		Email Address: <input style="width: 95%;" type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input style="width: 80%;" type="text"/>	Age: <input style="width: 80%;" type="text"/>	Ethnicity: <input style="width: 95%;" type="text"/>	Language at Home: <input style="width: 95%;" type="text"/>
School: <input style="width: 95%;" type="text"/>	Grade: <input style="width: 80%;" type="text"/>			
Family Totals-		Sisters: <input style="width: 50%;" type="text"/>	Brothers: <input style="width: 50%;" type="text"/>	Household: <input style="width: 50%;" type="text"/>

Parent/Guardian

Father's First Name: <input style="width: 95%;" type="text"/>	Father's Last Name: <input style="width: 95%;" type="text"/>	Father's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Father's Employer: <input style="width: 95%;" type="text"/>	Father's Occupation: <input style="width: 95%;" type="text"/>	Father's Cell: <input style="width: 95%;" type="text"/>
Mother's First Name: <input style="width: 95%;" type="text"/>	Mother's Last Name: <input style="width: 95%;" type="text"/>	Mother's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Mother's Employer: <input style="width: 95%;" type="text"/>	Mother's Occupation: <input style="width: 95%;" type="text"/>	Mother's Cell: <input style="width: 95%;" type="text"/>
Guardian's First Name: <input style="width: 95%;" type="text"/>	Guardian's Last Name: <input style="width: 95%;" type="text"/>	Guardian's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Guardian's Employer: <input style="width: 95%;" type="text"/>	Guardian's Occupation: <input style="width: 95%;" type="text"/>	Guardian Cell: <input style="width: 95%;" type="text"/>

Medical/Emergency

Medical Problems/Allergies: <input type="text"/>	Medications: <input type="text"/>
Physician: <input type="text"/>	Physician Phone: <input type="text"/>
Preferred Hospital or Clinic: <input type="text"/>	Hospital Phone: <input type="text"/>
Insurance Company: <input type="text"/>	Insurance Policy Number: <input type="text"/>

Pick up Information

Names of <u>two</u> Persons Authorized to pick up Member.		
1.) First Name: <input type="text"/>	Last Name: <input type="text"/>	Phone Number: <input type="text"/>
2.) First Name: <input type="text"/>	Last Name: <input type="text"/>	Phone Number: <input type="text"/>
Persons Not Authorized: <input type="text"/>		

Confidential The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Medicaid Number: <input type="text"/>	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> School Lunch <input type="checkbox"/> Vet. Compensation
Annual Family Income: <input type="text"/>	
Child's Household Type: <input type="text"/>	Disability: <input type="text"/>

I have read the completed application, understand the rules of Club West and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that Club West will not be responsible for any accident to the boy/girl while on Club West premises or while engaged in any of its activities away from Club West. I give my consent for photographs, in which my son/daughter may appear, to be used in any way Club West may care to use them.

Parent or Guardian Signature

Club Member's Signature

Date: Month ____ Day ____ Year ____