

CLUB WEST Parent Agreement

Please read the following information carefully. You will need to initial after each item, indicating you understand and agree to the information and sign at the bottom of the page. If you do not agree to all of the following guidelines you may not be eligible for the program.

CLUB WEST is a place for all children to learn, have fun and feel good about themselves. The City of West Sacramento Parks and Recreation and the Washington Unified School District want to help students succeed in academics and grow as individuals.

Basic Information and Rules

Enrollment: Enrollment is limited. Our hope is to accommodate all children wishing to participate in **CLUB WEST**. After receiving all completed forms, the Site Leader will contact you to let you know if your child will be in the program and when their first day of the program will be.
Initial_____

Attendance: Attendance of a minimum of 3 days a week is required. Children who have three (3) unexcused absences will be dis-enrolled from the program. Students attend **CLUB WEST** only when they attend school. You are required to provide a signed note when your child is absent from **CLUB WEST**. Children are required to attend the program **a minimum of 3 hours per day**.
Initial_____

Student Pick-Up: Children participating in **CLUB WEST** must be signed out (signature required) by you or someone chosen by you (for instance, a relative or friend) over the age of eighteen. Your child must be picked-up promptly at the closing of **CLUB WEST**, 6:00 pm. If your child has not been picked up by the closing of the program, **CLUB WEST** staff will try to contact you and/or those individuals designated as emergency contacts. After 60 minutes, the proper authorities will be notified. **Children may walk home with your permission.**
Initial_____

Discipline: Participation in **CLUB WEST** is a privilege. All children must follow the rules of the program. Disruptive or disrespectful behavior by students will result in a **behavior report**. **The first (1) behavior report is a warning, but will be discussed with a parent or guardian. A second (2) behavior report will result in the child being sent home for the remainder of the day and suspended from program for the following attendance day. A third (3) behavior report will result in the child being sent home for the remainder of the day and suspended for the following two (2) attendance days. A fourth (4) behavior report will result in the child being sent home for the remainder of the day and expelled from the CLUB WEST program for one calendar year.** We encourage you to discuss concerns about your child's behavior with the Site Leader.
Initial_____

Parental Support: **CLUB WEST** staff is committed and qualified to run this program, but to make it the best that it can be, your support and cooperation is needed. You are an important partner in our program's success, and we look forward to your help with field trips, events and activities, tutoring and other projects.
Initial_____

I have read and understand all of the information above. I agree to abide by the expectations of **CLUB WEST** and will help my child understand and follow all of the rules. I want to have my child, _____, (Print Name) participate in the **CLUB WEST** program at their home school, _____ School.

Parent/Guardian Print Name

Parent/Guardian Signature

Date



City of West Sacramento Parks & Recreation

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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: _____

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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
				Club West After School		
				Site: _____		

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

Total Fees: _____

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