Registration Form

CLASSES, PROGRAMS & EVENTS

City of SACRAMENTO
Youth, Parks, & Community Enrichment

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 VISIT US
Coloma Community Center • 4623 T Street • (916) 808-6060
S. Natomas Community Center • 2921 Truxel Road • (916) 808-1571
Sam & Bonnie Pannell Community Center2450 Meadowview Road • (916) 808-6680
Please call individual Centers for hours of operation.

Participant Information ☐ **Yes, I have moved, and my new address is below** ☐ **Yes, I want to receive promotional emails**

Participant Name:	Pronouns:	Gender:
Address:	Zip:	DOB:
Email:	Phone:	

Race & Ethnicity:
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Prefer not to state
☐ Middle Eastern/North African ☐ Native Hawaiian or Pacific Islander ☐ Filipino (not of Hispanic origin)
☐ White (not Hispanic origin) ☐ Latino/a/x or Hispanic ☐ Self describe: _____

Parent/ Guardian Name:	Parent/ Guardian DOB:

Course Registration

Course #	Activity/ Membership Name	Location	Time	Start Date	Fee (if applicable)
					$
					$
					$

Allergies & Dietary Restrictions

Please list any allergies or dietary restrictions 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 check "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 the 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. ☐ **Yes** ☐ **No**

Emergency Contacts

	First Name	Last Name	Phone	Relationship
1st				
2nd				

Authorized Pick Ups - Persons you authorize staff to release minors to

First Name	Last Name	Phone	Relationship

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General Activities Waiver for Participation in City of Sacramento Programs

Hold Harmless Agreement: I understand that participation in recreation programs may expose me or the participant to inherently dangerous activities or conditions and the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I acknowledge, agree, and represent that I (on behalf of myself and the participant) have voluntarily chosen to participate in the program, and I understand the nature of the program activities and certify that the participant is qualified, in good health, and in proper physical condition to participate in the program. I agree that if at any time I believe the program or conditions to be unsafe, I (or the participant) will discontinue further participation. I understand that it is my responsibility to consult with a physician prior to taking part in any program or activities to ensure that I have no medical condition that would preclude such activities.

In exchange for being permitted to participate in this program, I (on behalf of myself and the participant) herby waive, release, and discharge the City of Sacramento from any and all claims, demands, and causes of action which may accrue to me as a result of participating in City programs. I understand and agree to release and discharge, in advance, the City of Sacramento, its officers, employees, volunteers, and agents, from any and all liability arising out of or connected in any way with participation in the program, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. I further agree that this waiver, release, and assumption of risk shall remain in effect until revoked in writing, and shall be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and hold the City of Sacramento, including its officers, employees, volunteers, and agents, free and harmless from any loss, liability, damage, cost, or expense which arises out of or is connected in any way with participation in the program.

I also assume full responsibility for my behavior (and the participant's behavior) and agree to pay for all damages to property or persons caused by such behavior. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

I expressly waive any rights I could claim under the provisions of Section 1542 of the California Civil Code, or any other statute or legal principle with similar effect, which provides that unknown claims are not affected by a general release, 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.

Access Leisure Waiver: I understand and accept that, while City staff are available to assist with positioning, lifting and/or transferring participants who utilize wheelchairs or other mobility aids, City staff are not healthcare providers or physical/occupational therapists, and are not certified through safe patient handling and transfer training courses. By accepting assistance with positioning, lifting, and/or transferring the participant, I hereby waive, release, and discharge the City of Sacramento from any and all related claims, consistent with the terms of the Hold Harmless Agreement provision above.

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 to 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 a 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 deemed necessary by an attending physician or responding emergency team for the physical wellbeing of myself and/or the participant. I understand that I am responsible for all costs associated with this medical care.

Consent to Photograph, Film or Tape: I agree to have photographs, films, videotapes or tape recordings taken of me or the minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or recordings to be used in City publications, promotional materials, web site, and for other public informational 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 and City contractors. Course coordinators and instructors will receive only the name, current age, address, and phone numbers 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.

Electronic Signatures: The parties agree that this document may be electronically signed. The parties agree that the electronic signatures appearing on this Agreement, Waiver, and Release are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN UNCONDITIONAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF SACRAMENTO AND THAT BY SIGNING THIS WAIVER AND RELEASE, I AM GIVING UP CONSIDERABLE FUTURE LEGAL RIGHTS. I HAVE SIGNED THIS WAIVER AND RELEASE FREELY, VOLUNTARILY, UNDER NO DURESS OR THREAT OF DURESS, WITHOUT INDUCEMENT, PROMISE OR GUARANTEE BEING COMMUNICATED TO ME. MY SIGNATURE IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW.

Guardian/ Adult Signature		
Print Name:	Signature:	Date:

For Internal Use Only		
Processed by:		Date:
Payment Information		
Amount Due:	Entered by:	Date:
Check or Money Order:	Cash: $	