



City of Madera Parks & Community Services Department | 701 East 5th Street, Madera, CA 93638
Phone: (559) 661-5495 FAX: (559) 675-3827



Youth Recreation Pass Registration

Register in person at the City of Madera Parks & Community Services Department, 701 East 5th Street, Madera, CA 93638. Applications can also be emailed to: parksinfo@madera.gov. All information marked with an asterisk (*) MUST be provided to make your registration valid. Please ensure that you sign each registration form.

This section is for the Parent/Guardian of the participant(s):

First Name*: _____ Middle: _____ Last*: _____
Gender*: [] Male [] Female
Date of Birth*: (mm/dd/yyyy) ____ / ____ / ____
Address*: _____ Apt#: _____
City*: _____ State*: _____ Zip Code*: _____
Phone*: () _____ Work: () _____ Ext. _____
Cell*: () _____ [] Agree to Receive Text Message Notifications
E-mail*: _____

Mailing Address (if different than above):

Address*: _____ Apt#: _____
City*: _____ State*: _____ Zip Code*: _____

| Participant Full Name* | Date of Birth* | School Name* | Grade Level* | Permission to Leave* |
|---|----------------|--------------|--------------|---|
| Participant 1 | | | | |
| Gender* [] Male [] Female | (mm/dd/yyyy) | | | [] Allowed to leave on their own [] Parent/Authorized Pick-up ONLY |
| Medical Alert: List ANY/ALL medical challenges or concerns to which staff members should be alerted. | | | | |
| Participant 2 | | | | |
| Gender* [] Male [] Female | (mm/dd/yyyy) | | | [] Allowed to leave on their own [] Parent/Authorized Pick-up ONLY |
| Medical Alert: List ANY/ALL medical challenges or concerns to which staff members should be alerted. | | | | |
| Participant 3 | | | | |
| Gender* [] Male [] Female | (mm/dd/yyyy) | | | [] Allowed to leave on their own [] Parent/Authorized Pick-up ONLY |
| Medical Alert: List ANY/ALL medical challenges or concerns to which staff members should be alerted. | | | | |

Emergency Contact: In the event of an emergency, staff will attempt to notify the individuals listed in this section if the Parent/Guardian is unable to be contacted.

At least one Emergency Contact is required.

1st Emergency Contact*: First* _____ Last* _____
Relationship*: _____ Phone*: () _____ Other: () _____
2nd Emergency Contact*: First* _____ Last* _____
Relationship*: _____ Phone*: () _____ Other: () _____

Agreement:

I grant permission for my child/children to use all the play equipment and participate in all activities of the Youth Recreation program.

Sign in Sign out policy:

Participants are free to leave the program at any time, unless parents specify that their child/children are not to leave without being picked up by a parent or an authorized person. Only an authorized person may pick up the child/children from the program. This authorized person must be on the emergency form. The child/children must sign in with the Recreation Staff upon arrival and sign out when leaving for the day.

Clothing:

Appropriate clothing is required to participate in Recreation programming and must be worn at all times. If clothing is deemed inappropriate, the participant will be asked to change or leave for the day. Dress code policies will be enforced.

Code of Conduct:

To ensure the quality and enjoyment of Recreation Programs, and to promote a safe and positive atmosphere in the programs, staff, participants, and persons involved with the programs (i.e., spectators, volunteers, seniors, etc.) shall abide by the following code of conduct in City Recreation Facilities:

1. All persons shall act with respect towards the safety and privacy of other people.
2. Physical or verbal abuse of any kind will not be tolerated.
3. Foul or abusive language is prohibited.
4. All persons shall treat public and private property and equipment with respect.
5. Program rules and regulations shall be observed at all times, including protocol in place to comply with local, State, and National guidelines to prevent the spread of the novel coronavirus.

Any City representative responsible for supervising, officiating, or otherwise operating a Recreation program in a City facility shall have authority to enforce the terms of the Code of Conduct as authorized by a policy of the City of Madera. Failure of any person to abide by the Code of Conduct will result in disciplinary action, including, but not limited to:

1. Removal from the facility.
2. Restriction in program participation.
3. Suspension or expulsion from the program and or facility.

No refund of fees will be given for any suspension or expulsion from a program due to a violation of the Code of Conduct. The appropriate Supervisor of the Parks and Community Services Department shall review any suspension or expulsion for longer than 3 days. If the supervisor upholds the suspension or expulsion, an appeals procedure is available upon request from the Parks and Community Services Department Administration Office.

Zero Tolerance Policy Against Weapons or Dangerous Objects:

No weapons/dangerous objects allowed on premises. The Madera Police Department will be called to handle any possession, sale, or other furnishing of a firearm, knife, explosive, or any other dangerous object.

Zero Tolerance Policy Against Drugs and Alcohol:

No drugs (including marijuana), cigarettes, or alcohol are allowed in, on, or near any City facility. The Madera Police Department will be called to handle any possession, sale, or otherwise furnished substance.

In Case of Emergency:

I grant permission for the City of Madera staff to take any necessary steps to obtain emergency medical care. These steps may include, but are not limited to the following:

1. Attempt to contact parents or guardians.
2. Attempt to contact parents through any person listed on the emergency form.
3. If parents/guardians cannot be contacted, the following procedure will be taken:
 - a. Call Police Department
 - b. Call Paramedics and/or Ambulance
 - c. Have a child taken to an emergency room in the company of Emergency Medical Staff.
Any medical expenses incurred under #3 will be paid by the child's family.

I fully understand my obligations for the City of Madera's Parks and Community Services Recreation Program(s) and will review the information above with my child/children, explaining their responsibilities to them.

COVID-19 Safety Plan Acknowledgement

I hereby acknowledge receipt of the COVID-19 Safety Plan for the activity my child is being registered for. I have read and understand the Safety Plan and acknowledge that while all attempts will be made to prevent exposure and spread of the novel coronavirus, exposure may still occur. I also acknowledge the following:

1. I understand that I will not be permitted to enter the premises beyond the designated drop-off and pick-up area

2. I understand that I must be timely in my drop-off and pick-up to do my part in maintaining the staggered program schedule
3. I understand that my child will be screened for symptoms of febrile respiratory illness, including taking of my child's temperature and assessment of symptoms including, but not limited to: cough, shortness of breath, chills, loss of taste or smell, sore throat, and/or muscle aches
4. I understand that my child will not be allowed entry should his/her temperature register at 100 degrees Fahrenheit or higher
5. I understand that if my child displays any of the above noted symptoms during the offered programs, he/she will be placed in an isolation room and must be picked up within 15 minutes of contact; as such, I understand that I must be available by telephone at all times while my child is participating.
6. I understand that my child must wear a cloth face covering while participating in this program; if my child arrives without a cloth face covering, a disposable face covering will be provided.
7. I acknowledge that my child has not traveled outside the United States in the past 14 days to countries affected by COVID-19.
8. I acknowledge that my child has not traveled domestically within the United States by commercial airline, train, bus, cruise ship, or other means of mass travel in the past 14 days.

Express Assumption of Risk Associated with Recreational Activities:

I hereby affirm and acknowledge that I fully understand the hazards and risks associated with recreational activities hosted and led by the City of Madera - Parks and Community Services Department. The inherent risks and hazards include, but are not limited to:

1. Injuries sustained from any and all **physical activities**, such as running, jumping, hiking, biking, climbing, camping, fishing, cooking, and engaging in sporting events such as basketball, softball, football, volleyball, and more.
2. Injuries sustained from **objects** that are either natural or man-made, such as play structures, benches, rocks, and trees, or from misjudging **terrain** that induces slipping, falling, colliding, or otherwise.
3. Injuries and illnesses sustained from all water sports, such as **swimming**, diving, water exercise, impacting the water, and/or water entering bodily orifices.
4. Injuries from hypothermia, heat stroke, dehydration, etc., from exposure to the elements, such as rain, cold, excessive heat, or the **weather** in general.
5. Physical and monetary injuries sustained due to participant's personal **negligence** and/or the negligence of others, crowds, and altercations with other patrons.
6. Injuries or illnesses sustained from either **plants or animals**, such as poison ivy, poison oak, poison sumac, aggressive or biting pets, service animals, wildlife, or exposure to any plants or animals present within the park or facility in general.
7. Sickness or injury from transmissible infectious diseases, including viruses such as SAR, **COVID-19**, etc.

I understand that the description of these risks is in no way complete and that all such dangers, both anticipated and unanticipated, can lead to illness, injury (bruises, contusions, scrapes, scratches, broken bones, etc.), permanent disability (both physical and mental), drowning, and death.

Release of Liability, Waiver of Claims and Indemnity Agreement:

I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the City of Madera recreation program, including my successors, assigns, or anyone acting on my behalf, agree as follows: In consideration of the acceptance of my application for entry into the above event, class or activity, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Madera, its officers, agents, employees, or volunteers as a result of my participation in the event, class or activity. This release is intended to discharge the City, its officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, class or activity even though that liability may arise out of the negligence or carelessness on the part of City or persons mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City and all of the persons mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

I further authorize qualified physicians to render emergency medical treatment or care they deem necessary for the participant because of an illness or accident that occurs during the course of the above-described event, class, or activity. It is further understood and agreed that this waiver, release, and assumption of risk are to be binding on my heirs and assigns. By enrolling or attending any class or activity offered by the City of Madera Parks & Community Services Department, you consent to have your photograph and/or video taken and allow usage of these photographs and/or videos in future publications by the City of Madera's Parks & Community Services Department.

Please Print Full Name*: _____ [☐] Parent [☐] Guardian

Signature: _____ Date: _____

PARENT/GUARDIAN COPY

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