



City of Cupertino
Recreation and Community Services Department
 Creating a Positive, Healthy, and Connected Community

CUPERTINO TEEN CENTER REGISTRATION FORM

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

PARTICIPANT EMAIL _____ HOME PHONE _____

PARENT NAME _____ PARENT CELL PHONE _____

PARENT EMAIL _____ PARENT WORK PHONE _____

BIRTH DATE _____ GRADE _____ SCHOOL _____

EMERGENCY CONTACT NAME _____ PHONE _____

MEDICAL INFORMATION

Please complete this portion with current information that would be helpful to the staff or individually specific to the participant. In information changes, please notify the staff of the Cupertino Teen Center. All participant information will be kept confidential.

Participant allergies _____

Medications _____

Behavioral Conditions _____

BEHAVIORAL CONTRACT

I have read and understand the Cupertino Teen Center Handbook in its entirety and fully understand and agree with its content. Furthermore, the significance of these guidelines, agreements, codes, standards, and plan has been explained to the youth participant.

I understand that my participation in the event or class exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event or class and I agree to assume such risks, including risk of personal injury, death, or damage to property. In consideration of acceptance of my application to participate in the event or class for which I am participating, I hereby RELEASE, DISCHARGE, AND AGREE NOT TO SUE, the City of Cupertino, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the County of Santa Clara, the Fremont Union High School District, or any of their employees, contractors, volunteers, or agents ("collectively, City") to the fullest extent legally possible from any injury, death, or damage or loss to personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of City or any other participants in the event or class. I understand that City does not guarantee the construction, condition, or safety of the facilities where the event or class is taking place.

In consideration for being permitted to participate in the event or class, I hereby agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify, defend and hold harmless City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event or class. I further allow my photograph to be taken and used for City purposes without compensation. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

IF PARTICIPANT IS UNDER 18: I AM THE PARENT OR GUARDIAN OF THE STUDENT ENROLLED IN THIS EVENT OR CLASS AND HAVE EXECUTED THIS RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE. I HAVE THE LEGAL CAPACITY TO SIGN AND ACT ON BEHALF OF THE STUDENT, AND AGREE TO BIND MYSELF, THE STUDENT, HEIRS, ADMINISTRATORS, AND ASSIGNS TO ITS TERMS.

Participant Signature

Parent/ Guardian Signature

Date

Date

OFFICE USE ONLY:

Date Submitted _____ **Date Registered** _____ **Staff** _____ **Check School ID:** _____