



## PARKS AND RECREATION DEPARTMENT

QUINLAN COMMUNITY CENTER  
10185 NORTH STELLING ROAD • CUPERTINO, CA 95014-5732  
TELEPHONE: (408) 777-3120 • FAX: (408) 777-1305  
CUPERTINO.ORG

Dear Parents and Guardians,

We are excited to announce that the City of Cupertino's Parks and Recreation Department has switched over to **Active Net**, a new and updated recreation platform which will manage registrations, memberships, and facility rentals. This new software will allow us to better serve your family and manage the Teen Center facility. Please see below for the section that best applies to your situation.

### Cupertino Residents

Teen Center Memberships will run from the initial registration date to August 30<sup>th</sup>, 2019 at which point you will need to re-enroll another membership. This membership will allow your teen continued access to the Teen Center facility and its amenities. To qualify for the membership, all students must be (1) residents of Cupertino and (2) be in the 6<sup>th</sup> – 12<sup>th</sup> grade. To complete the membership process we will be requiring all new and returning families to submit the following items:

- Completed Teen Center Registration Form
- Proof of residency – either a current utility bill or a copy of your lease agreement
- Proof of students age – current student ID (2018-2019 school year), birth certificate, or California ID

### Non-Residents

Non-resident students may continue to use the Teen Center Facility for \$5 a day or pay for a 10-pack visit pass for \$40. To complete the process, we will be requiring all new and returning families to submit the following:

- Completed Teen Center Registration Form
- Proof of students age – current student ID (2018-2019 school year), birth certificate, or California ID

Thank you for your giving us a chance to be part of your family and your teen's development. If you have any questions, please do not hesitate to contact me.

Sincerely,  
Daniel Mestizo, Recreation Coordinator  
408-777-3134  
[danielm@cupertino.org](mailto:danielm@cupertino.org)



## CUPERTINO TEEN CENTER REGISTRATION FORM

### Participant Information

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**\*ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

PARTICIPANT EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**\*BIRTH DATE** \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

**\*Proof of Age and Residency is required for ALL Cupertino Teen Center memberships. No exceptions.**

### PARENT/GUARDIAN INFORMATION

**PARENT/GUARDIAN 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PARENT/GUARDIAN 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies:    None    Hay Fever    Bee Stings    Other insect    Foods    Pollen

List other allergies here: \_\_\_\_\_

\_\_\_\_\_

List dietary restrictions here: \_\_\_\_\_

\_\_\_\_\_

List current medications and purpose here: \_\_\_\_\_

\_\_\_\_\_

Does your child require special/behavioral accommodations?    No    Yes, Please explain: .

\_\_\_\_\_

\_\_\_\_\_



## CUPERTINO TEEN CENTER REGISTRATION FORM

### 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.

### DROP-IN PROGRAM

Participation in any programs offered at the Cupertino Teen Center is voluntary and provided on a drop-in basis. In and out privileges are unlimited. Teens are no longer under the responsibility of Teen Center staff after leaving the Cupertino Teen Center facility. Please make arrangements with your teen as to when it is appropriate to leave the Teen Center and with whom. The use of app-based ride sharing services are strongly discouraged.

### Activity & Membership Waiver

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** \_\_\_\_\_ **Proof of Age & Residency** \_\_\_\_\_ **Date Processed** \_\_\_\_\_ **Staff** \_\_\_\_\_