



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

Hello,

Thank you for your interest in the Cupertino Teen Center. All visitors must complete this registration form once per school year to be allowed to utilize the Teen Center facility and Infinity Room. Please feel free to email Recreation Coordinator, Daniel Mestizo at danielm@cupertino.org with any questions. See below for the category which meets your residency status and follow the instructions.

Cupertino Residents

Teen Center Memberships will run from the initial registration date to August 30th or each year, at which point you will need to re-enroll another membership. This membership will allow 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 6th – 12th 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 (current 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 (current school year), birth certificate, or California ID

Thank you for choosing the Teen Center for your enrichment and social needs. If you have any questions, please do not hesitate to contact me.



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: .



City of Cupertino
Parks and Recreation Department

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 decide 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 & Photo Release

WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

I desire to participate in this PROGRAM, ACTIVITY, EVENT, MEMBERSHIP, OR CLASS (hereinafter, ACTIVITY). In consideration of the City of Cupertino accepting my application, participation, or entry into this ACTIVITY, I agree to release, waive, and discharge any and all claims for damages, death, personal injury, or property damage which I may have, or which hereafter accrue to me, against the City as a result of my participation in the ACTIVITY. This release is intended to discharge the City, its City Council, boards and commissions, officers, agents, employees, servants and volunteers, any other involved municipality or public agency (hereinafter, Indemnitees) from and against any and all liability arising out of or connected in any way with my participation in the ACTIVITY, even though that liability may arise out of the negligence or carelessness of other participants or the active or passive negligence of Indemnitees.

I further understand that accidents and injuries can result from the ACTIVITY; knowing the risks, nevertheless, I agree to assume those risks, and to release and hold harmless the Indemnitees who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

In consideration for being permitted to participate in the ACTIVITY, I agree for myself, my heirs, administrators, executors, and assigns not to sue the City or any of the Indemnitees for any injury, death, damage, or loss of personal property that may arise out of, or in connection with, my participation in the ACTIVITY from whatever cause, including the active or passive negligence of the City or other participants, except for the sole negligence or willful misconduct of the City. Should a third party make a charge or claim against the City, I agree to indemnify, defend, and hold harmless the City from any and all claims, demands, actions or suits, and any other legal, administrative or regulatory proceeding arising out of, or in connection with, my participation in the ACTIVITY.

I understand this agreement and the promises contained herein are binding on myself and my heirs, administrators, executors and assigns, and shall be interpreted as broad and inclusive as allowed by law. If a court of competent jurisdiction declares any portion of this agreement invalid, the remainder of the agreement shall continue in full force and effect. I further allow my photograph to be taken and used for City purposes without compensation.

I have carefully read this agreement and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Participant Signature

Parent/ Guardian Signature

Date

Date

OFFICE USE ONLY:

Date Submitted _____ Proof of Age & Residency _____ Date Processed _____ Staff _____