

CITY OF SANTA MONICA REGISTRATION FORM

Community Classes, Programs, Camps and Activities



ONLINE REGISTRATION AVAILABLE AT WWW.SMGOV.NET/RESERVE

Mail-in and Drop-off Registration — Complete information on both sides of this form. Incomplete forms will not be processed.

Community Classes Office
1450 Ocean Avenue
Santa Monica, CA 90401
Phone: (310) 458-2239
Fax: (310) 899-0840
E-mail: communityclasses@smgov.net

Santa Monica Swim Center
2225 16th Street
Santa Monica, CA 90405
Phone: (310) 458-8700
Fax: (310) 450-5076
E-mail: aquatics@smgov.net

Youth Office at Reed Park
1133 7th Street
Santa Monica, CA 90403
Phone: (310) 458-8540
Fax: (310) 451-3569
E-mail: crest@smgov.net

A: Participant Information

Full Name: _____ Birthdate: _____ Age: _____
Gender: _____ School: _____ Grade: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Home Phone: _____ Email: _____
Special Needs/Medications/Allergies: _____
Cultural/Ethnic Background African American/Black Asian Hispanic/Latino White
American Indian/Alaska Native Pacific Islander Multiple (Check all that apply) Other

B: Parent/Guardian Information

Complete if participant is under the age of 18. Leave blank if information is same as above.

Full Name: _____ Gender: _____ Birthdate: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Home: Phone: _____ Email: _____
Adults over the age of 18 who are LOCAL and authorized to pick up your child in the event you cannot be reached during an emergency.
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____
My child is at least 12 years of age and may sign themselves in or out at the end of the program: [] Yes [] No

C: Proof of Residency Requirement

Santa Monica residents must complete **ONE** of the following for residency verification.

Please Check: CA Driver's License # CA State ID # Utility Account # Consular ID Card #

D: Camps, Classes & Activities

Section #	Activity Name	1st Choice Day/Time	2nd Choice Day/Time	3rd Choice Day/Time	Fee
Total Fees:					

E: Payment

[] Check or Money Order (Payable to City of Santa Monica)

[] Credit Card # _____ Exp Date _____ CVV _____

Name (as it appear on the card): _____ Signature _____

If account becomes delinquent, future programming could be interrupted, and account may be referred to a third party collection agency.

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Waiver, Release and Assumption of Risk

For and in consideration of my participation in the above-named activity, the undersigned freely and voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury of any kind (regardless of seriousness), property damage, or wrongful death occurring to himself/herself arising out of or as a result of participating in the above-named activity, wherever or however the same may occur and for whatever period said activities may continue. The undersigned, for himself/herself, his/her heirs, executors, administrators, successors or assigns, hereby assumes all risks of participating in said activity and releases, waives, discharges, and relinquishes any action or causes of action as described in this document, which may hereafter arise for himself/herself and for his/her estate, and agrees that under no circumstance will he/she or his/her heirs, successors, executors, administrators, or assigns prosecute or present any claim or action for personal injury, property damage, or wrongful death against the City of Santa Monica, or any of its officers, agents, or employees for any of said causes of action whether the same arise because of the negligence of any said persons or otherwise. The undersigned acknowledges that staff associated with the activity may not be employees of the City, and may be independent contractors.

IT IS MY INTENTION BY THIS RELEASE TO VOLUNTARILY EXEMPT, RELIEVE, INDEMNIFY, HOLD HARMLESS, AND RELEASE THE CITY OF SANTA MONICA AND ALL OF ITS AGENTS, OFFICERS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE, WHETHER OR NOT CAUSED BY NEGLIGENCE, AND FOR THE UNDERSIGNED TO ASSUME ALL RISKS OF PARTICIPATING IN THIS ACTIVITY.

The undersigned acknowledges that he/she has read the foregoing two paragraphs and fully understands the potential danger incidental to engaging in the above-named activity. Those potential dangers include, but are in no way limited to:

Swimming Activities: Slip and fall, drowning, hypothermia, dehydration, heat exhaustion, sunburns, collision with other participants, unpredictable currents and tides, water-borne contaminants or illnesses, stings and bites from animals (if in ocean), scrapes and abrasions.

Outdoor Recreation Activities: Slip and fall, sprains or broken bones, cuts and abrasions, collision with other participants, overexertion, dehydration, sunburns, and heat exhaustion.

Classroom Activities: Slip and fall, allergic reactions, adverse responses to chemicals, abrasions and cuts, burns, injuries from use of tools and equipment.

PARENT GUARDIAN WAIVER FOR MINORS (Under 18 years old) The undersigned parent and natural guardian or legal guardian does hereby represent that he or she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and all other parents and/or legal guardian. I further consent to any necessary medical treatment for my minor child, should he or she become injured and require immediate medical care.

Refund Policy

COMMUNITY CLASSES, COMMUNITY AQUATICS, CREST SPORTS, AND CREST ENRICHMENT: A \$15.00 processing fee applies for each activity session refunded. Request must be made in writing to the program supervisor in person or by fax, mail, or email. Refunds will be issued only if requested within one day after the first class meeting.

CREST CLUB, HOMEWORK CLUB, AM CARE, LATE START DAY AM CARE, PM EXTENDED CARE: Withdrawal of a child from the CREST Program requires that the Site Coordinator be notified in writing at least one month prior to the withdrawal. Fees are not prorated. Returning participants will be charged the \$50.00 registration fee.

CAMPS: Refunds will be issued with medical documentation or if requested at least 5 days prior to the first meeting. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing to the Program Supervisor in person or by fax, mail or email.

WORKSHOPS AND INDIVIDUAL CLASSES: Registration and material fees are nonrefundable.

REFUNDS FOR DUPLICATE/MULTIPLE ENROLLMENTS resulting from multiple registration submissions (at one or more offices or via online registration) will be subject to a \$15.00 processing fee for each activity session refunded.

Photo Release

I give my consent to the photographing, recording and reproduction in any other manner (including use of video and audiotapes) of my likeness, voice and/or activities and further authorize the City of Santa Monica, and its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproductions over radio, television and on the Internet. I understand that I will not receive any monetary compensation now or in the future for any such reproductions. I do hereby release and hold harmless the City of Santa Monica, and its officers and employees from any claims. Anyone who does not wish to consent to the Photo Release provision should contact the Community Classes Office at (310) 458-2239 or communityclasses@smgov.net.

Authorization

By signing below, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes, camps, programs and activities.

Signature

Print Name

Date