CITY OF SANTA BARBARA
Parks & Recreation
Enriching People's Lives

RECREATION AFTERSCHOOL PROGRAM (RAP) REGISTRATION FORM 2016-2017

FOR OFFICE USE S
Verified By _____
Date _____

1) ***BOTH* SIDES** of this form ***must*** be completed and signed for each participant prior to participating in the activity.
2) Mail, fax or drop off this completed form, with payment, as soon as possible to: **Parks and Recreation Department, 100 E. Carrillo Street, Santa Barbara, CA 93101. Telephone: (805) 564-5495 Fax: (805) 897-2520**

PARTICIPANT'S LAST NAME, FIRST NAME

Custodial Parent / Legal Guardian _____ Phone_____

Address_____ City _____ Zip _____

Phone Number_____ Child Birth Date_____/____/____ ❑ Male ❑ Female

Email Address_____

School_____ Grade 2016_____

Others authorized to pick up the participant _____

❑ **check this box if you do not wish to receive email announcements from Parks and Recreation**

RAP SESSION DATES, CODES AND PAYMENT INFORMATION

Complete this section when registering in-person, by fax or by mail. Do not complete this section if you have registered online. Circle the appropriate box(es) to indicate for which school and session(s) the participant will be registered. There are 30 school days in each session.

School	8/22 – 10/3	10/4 – 11/16	11/17 – 1/20	1/23 – 3/7	3/8 – 4/26	4/27 – 6/8
Adams	22349	22348	22347	22346	22350	22351
Monroe	22352	22353	22354	22355	22356	22357
Roosevelt	22363	22364	22365	22366	22367	22368
Washington	22358	22359	22360	22369	22361	22362

Payment Method – check one:

❑ **$150** per session due 2 weeks prior to each session
❑ **$80** RAP Drop-in Pass: 10 daily visits
❑ **$10** RAP Drop-in Pass: 1 visit
X _____ (number of passes purchased) = **$**_____
❑ Registered and paid online using eRecreation
❑ Check (Payable to the City of Santa Barbara)
❑ Cash (onsite RAP staff **may not** accept any form of payment)
❑ Credit Card Credit card payments may only be accepted online, by phone or in person. **Do not write credit card numbers on this form.**

EMERGENCY CONTACT	Relationship	Home Phone	Work Phone	Cell Phone/Pager
1.				
2.				
3.				

It is the responsibility of the participant to disclose all relevant information regarding the participant's health and special needs. Additional information and/or a physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate assistance.

HEALTH & SPECIAL NEEDS	YES	NO	If yes, explain and list current medications
ADD, ADHD	❑	❑	
Allergies	❑	❑	To what? ❑Hives/rash ❑Breathing difficulty ❑Epi-pen ❑Benadryl
Asthma	❑	❑	Requires medication/inhaler ❑Yes ❑No When? ❑Daily ❑As needed ❑With exercise
Communicable diseases	❑	❑	
Diabetes	❑	❑	❑ Type I ❑ Type II ❑ Is independent in diabetes self care ❑ Needs daily assistance
Diet or activity restrictions	❑	❑	
Medications	❑	❑	
Seizure Disorder	❑	❑	Date of last seizure: / / Seizure type:
Other conditions/disabilities	❑	❑	
Wheelchair user	❑	❑	Transfers: ❑ Independently ❑ Partial Assistance ❑ Full Assistance
Requesting assessment for disability (Inclusion) support	❑	❑	Contact (805) 564-5421 for more information on our Inclusion program.

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PERMISSION TO AUTHORIZE TREATMENT: In the event of emergency injury or illness while the participant is attending the recreation activity, I hereby authorize the Parks and Recreation Department to consent to medical treatment on behalf of my child. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Parks and Recreation Department and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the Parks and Recreation Department will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the City of Santa Barbara, its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to the Parks and Recreation Department in conjunction with any activity or event in which the minor's care is entrusted to the Parks and Recreation Department.

INITIAL HERE_____

PERMISSION FOR FIELD TRIPS: Some recreation activities include field trips to parks or public sites. Staff and participants arrive at their destination by either walking or riding on public buses, trolleys or other City-approved vehicles. I hereby consent to the staff of Parks and Recreation Department taking my child on field trips during the recreation activity.

INITIAL HERE_____

PARTICIPANT SWIM ABILITY ASSESSMENT: The Recreation Program may include aquatic activities at a pool, beach or other location with water. Please check the box below with the description that most closely fits the participant.

- ❑ Type I — Does not know how to swim or is uncomfortable or nervous around water. Cannot put their face in the water, hold their breath, right themselves or float
- ❑ Type II — Can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and to turn over from front and back. Is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- ❑ Type III — Comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
- ❑ Type IV — Comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water

PHOTOGRAPH RELEASE: The Parks and Recreation Department may take and use photos of participants for publicity purposes. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Santa Barbara permission to use my likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.

INITIAL HERE_____

CODE OF CONDUCT: By submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the City of Santa Barbara Parks and Recreation Department "Code of Conduct." (For the complete Code of Conduct policy, see our website www.sbparksandrecreation.com on the "About Parks & Recreation" page or the current Parks and Recreation Activity Guide.)

RELEASE AGREEMENT: **CITY OF SANTA BARBARA RELEASE AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:**

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF SANTA BARBARA, ITS EMPLOYEES, OFFICERS AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in a City activity or using any City facilities in connection with the activity.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of ✓_____ (PRINT PARTICIPANT'S FULL NAME) who is a minor, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.

✓ Participant or Parent/Guardian (print) _____ Signature_____ Date _____

TURN OVER TO COMPLETE OTHER SIDE ➔ ➔ ➔