

# The Mendocino Recreation & Community Center

## AFTER SCHOOL PROGRAM

Corner of School & Pine Streets in Mendocino

### REGISTRATION FORM

Session I 10-11

New Student     Update My Child's Records     No Changes    School District: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Birthday: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Family Mailing Address: \_\_\_\_\_

#/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

#/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

#/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

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#/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

#/Class: \_\_\_\_\_ Day/Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Total Class Fees: \_\_\_\_\_

WED Bus fees (Caspar Creek families only) \$21    Bus: \_\_\_\_\_

Would you like to prepay for snacks? (\$1 per snack/day x 7 weeks)    Snacks: \_\_\_\_\_

Total Cost: \_\_\_\_\_

### **REGISTRATION INFORMATION**

Class registration is on a first come, first serve basis, and classes must be paid in full to guarantee placement. For your convenience, you may register your own child (children), and the child (children) of one other family. All children must have a current, signed waiver on file to attend classes.

All fees are due at the time of registration. No refunds once a class has started. No changes to class schedule after the second week of the session. Class fees are calculated at \$6.00 per hour times the number of meetings in the session, plus a \$6.00 charge for materials per class. The materials fee goes into a special fund for art supplies, clay, mats, and other necessities.

Receipt #: \_\_\_\_\_

\$ Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

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## AGREEMENT WAIVER & RELEASE

I have carefully read the description of classes for which I/we are registering. In consideration for being permitted by the Mendocino Coast Recreation and Park District (MCRPD) to participate in any recreation class activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter occur to me, as a result of participation in said activity, even though the liability may arise out of negligence or carelessness on the part of MCRPD, its officers, employees, and agents. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold harmless from any loss, liability, damage, that I may sustain while participating in said activity.

## PARENTAL CONSENT

*To be completed and signed by parent/guardian if applicant is under 18 years of age.*

I hereby consent that my son/daughter, \_\_\_\_\_ participate in the above activity, and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense, which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I understand that my son/daughter may be taken on field trips around town, and/or other locations within the Mendocino Coast Recreation and Park District.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE MENDOCINO COAST RECREATION AND PARKS DISTRICT, AND SIGN IT OF MY OWN FREE WILL. THIS WAIVER WILL REMAIN IN EFFECT FOR ONE YEAR FROM THE DATE OF SIGNATURE.**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PHOTO RELEASE

Yes  No MCRPD may use my child's photo on the website and/or in printed material, as long as my child's name is not identified. \_\_\_\_\_ (Please Initial)

## FAMILY & EMERGENCY CONTACTS

1. Parent/Guardian: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
2. Parent/Guardian: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
3. Parent/Guardian: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell: \_\_\_\_\_  
4. Parent/Guardian: \_\_\_\_\_ Hm Ph: \_\_\_\_\_ Wk Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

**In addition to the above, these people may pick up my child from the Rec Center:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list allergies, medications, and medical or other issues of concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_