



CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

Santa Clara Senior Center Registration and Release of Liability Form January - December 2014

SANTA CLARA PARKS & RECREATION
PARKS & RECREATION

	Staff Initials	s New Reg	gistration	Previous Card Holder
FIRST Name		LAST Nar	ne	
Address Number & Street	U	nit City	Sta	te Zip Code
□ No thanks	ive City of Santa Clara e-1	mail updates containing in	formation about ex	vents and programs
Home Phone	Cell Phone	Work Phon	ne 	Date of Birth
	PARTI	CIPANT INFORMAT	TON	
List up to four medical co		Medications:	.1011	
emergency responders to l	know about you:			
<u>1.</u>		1.		
3.		3.		
4.		4.		
Are you allergic to any me	edication or food?	Yes No L	ist:	
Have you had a seizure?		Yes No	Date of last se	izure:
Do you utilize a Personal	, ,	Yes No I am a PCA f	•	
My PCA's name is (list al	1).	Taill a FCA I	01.	
Do you utilize any mobilit	y aides?	☐Yes ☐No		
Check all that apply:	Cane Walker	Wheelchair	Scooter/Pov	ver Chair Segway
Do you utilize any mobilit Check all that apply: Do you have a diagnosed	Cane Walker disability?	☐ Wheelchair ☐Yes ☐No		ver Chair Segway
Check all that apply:	Cane Walker disability?	Wheelchair	Scooter/Pov	ver Chair
Check all that apply: Do you have a diagnosed Check all that apply: Describe: Do you have any special r	Cane Walker disability? Developmental N	Wheelchair Yes No Jeurological/Cognitive	Physical	
Check all that apply: Do you have a diagnosed Check all that apply: Describe: Do you have any special r Describe:	Cane Walker disability? Developmental N needs that may affect you EMI	Wheelchair Yes No Jeurological/Cognitive Fur participation in Senion ERGENCY CONTACT	Physical Or Center progra	ms? Yes No
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	SANTA CLARA SENIOR CENTER GUIDELINES FOR USE
I have received, read, a	and agree to comply with the Senior Center's <u>Guidelines for Use</u> . Initial
RE	LEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
agents, assigns, the Sar and all claims, obligati participation in classes Senior Center. The cor entry to and use of any release covering any po- damage which may ari	ty of Santa Clara, California ("City"), its City Council, representatives, employees, voluntee nta Clara Unified School District, its School Board, officers, agents, and employees from any ons, choices of action, and liability of any kind, arising out of or connected with my or activities at the Senior Center and entry to and use of any facilities or equipment at the asideration for this release is my participation in classes or activities at the Senior Center and facilities or equipment at the Senior Center. This release is intended as a full and complete cossible claims, injuries or harm, contingent or otherwise, involving personal injury or proper se in connection with my participation in classes or activities at the Senior Center and entry as or equipment at the Senior Center.
PROGRAM GUIDELD GO PROGRAM GUID PERTAINING TO TH ME TO PHYSICAL R OF INJURY OR DEA ACTIVITIES AT THE AT THE SENIOR CED ENTITIES OR PERSONAL I	GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP INES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO DELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES IE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISK TH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OF SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE DNS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.
I have carefully read th	nis Agreement and fully understand its content. All participants must sign this Agreement.
Print Name:	Signature:
The City will maintain confidentiality.	your medical history and information in conformance with all applicable laws to ensure its
	For more information, contact the Santa Clara Senior Center: 1303 Fremont Street, Santa Clara, CA 95050 Phone: 408-615-3170
<u>ww</u>	ww.SantaClaraCA.gov/SeniorCenter • CustServSrCenter@SantaClaraCA.gov
	STAFF USE ONLY
Alert Text:	
Comments:	

Date: _____

Signature: