



CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

Santa Clara Senior Center Registration and Release of Liability Form

Requirements: Government issued ID and for City of Santa Clara residents, current proof of residency
 *Depending on responses to the shaded questions below, an appointment with Senior Center Health & Wellness Staff may be required before registration form is processed

FIRST Name		LAST Name		
Address Number & Street		Unit	City	State
Zip Code				
<input type="checkbox"/> Yes, I would like to receive City of Santa Clara email updates containing information about events and programs. <input type="checkbox"/> No thanks Email Address (if yes) _____				
Home Phone		Work Phone		Cell Phone
_____ - _____ - _____		_____ - _____ - _____		_____ - _____ - _____
I would like to receive text messages on my cell phone. <input type="checkbox"/> Yes <input type="checkbox"/> No Provider: _____				
PARTICIPANT INFORMATION				
List up to four medical conditions you want emergency responders to know about you:			Medications:	
1. _____			1. _____	
2. _____			2. _____	
3. _____			3. _____	
4. _____			4. _____	
Are you allergic to any medication or food? <input type="checkbox"/> Yes <input type="checkbox"/> No List: _____				
Have you had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last seizure: _____				
*Do you utilize a Personal Care Attendant (PCA)? <input type="checkbox"/> Yes <input type="checkbox"/> No PCA's name is: _____				
*Are you a Personal Care Attendant for a participant? <input type="checkbox"/> Yes <input type="checkbox"/> No Participant's name: _____				
*Do you utilize any mobility aides? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Check all that apply: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter/Power Chair <input type="checkbox"/> Segway				
*Do you have a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Check all that apply: <input type="checkbox"/> Developmental <input type="checkbox"/> Neurological/Cognitive <input type="checkbox"/> Physical				
Describe: _____				
*Do you have any special needs that may affect your participation in Senior Center programs?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____				
EMERGENCY CONTACT				
Name (FIRST/LAST)		Relationship	Home Phone	Cell Phone
_____		_____	_____ - _____ - _____	_____ - _____ - _____
Name (FIRST/LAST)		Relationship	Home Phone	Cell Phone
_____		_____	_____ - _____ - _____	_____ - _____ - _____

Staff Initials _____

Date Received _____

SANTA CLARA SENIOR CENTER GUIDELINES FOR USE

I have received, read, and agree to comply with the Senior Center's Guidelines for Use. Initial

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I hereby release the City of Santa Clara, California ("City"), its City Council, representatives, employees, volunteers, agents, assigns, the Santa Clara Unified School District, its School Board, officers, agents, and employees from any and all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center.

I HAVE READ THE GUIDELINES FOR USE OF FITNESS ROOM AND NATATORIUM, THE WOOD SHOP PROGRAM GUIDELINES, THE LAPIDARY SHOP PROGRAM GUIDELINES AND THE ADVENTURES TO GO PROGRAM GUIDELINES, AND ANY OTHER GUIDELINES FOR USE OR PROGRAM GUIDELINES PERTAINING TO THE SENIOR CENTER, AND I AM AWARE THAT THESE ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH ARISING OUT OF OR CONNECTED WITH MY PARTICIPATION IN CLASSES OR ACTIVITIES AT THE SENIOR CENTER AND ENTRY TO AND USE OF ANY FACILITIES OR EQUIPMENT AT THE SENIOR CENTER. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.

I have carefully read this Agreement and fully understand its content. All participants must sign this Agreement.

Date:

Print Name:

Signature:

The City will maintain your medical history and information in conformance with all applicable laws to ensure its confidentiality.

For more information, contact the Santa Clara Senior Center:

1303 Fremont Street, Santa Clara, CA 95050

Phone: 408-615-3170

www.SantaClaraCA.gov/SeniorCenter • CustServSrCenter@SantaClaraCA.gov

STAFF USE ONLY

Depending on *italicized* sections response, ID Fit approval is required prior to processing.

ID Fit—TRS

Alert Text: _____

Comments: _____

Signature: _____

Date: _____