



Santa Clara Parks & Recreation Department 2024-2025 Resident Youth Card Application

Youth & Teen Center

2446 Cabrillo Ave., Santa Clara, CA 95051
Office 408-615-3760 | <https://SantaClaraCA.gov/YTC>

Skate Park

2440 Cabrillo Ave., Santa Clara, CA 95051 | Office 408-615-3191

Summer Recreation Swim

Warburton Pool 2250 Royal Drive, Santa Clara, CA 95050
Mary Gomez Pool 651 Bucher Ave., Santa Clara, CA 95051

1. Create an account online at apm.ActiveCommunities.com/SantaClara
2. Submit completed Participant Form:
 - a. in-person to the Youth & Teen Center (Provide Proof of Santa Clara Residency/SCUSD Student)
3. Parents & Participants **sign the Release of Liability and Assumption of Risk Agreement** (back of form), and initial the Behavioral Contract
4. **Resident Youth Card is valid from August 2024 - July 2025**
5. Annual membership costs \$30.00 and includes Resident Youth Card; replacement cards cost \$1.00 - Visit Youth & Teen Center Front Desk for available financial assistance options
6. Youth participants are able to gain access to the Youth & Teen Center After School Program, Skate Park, Summer Open Gym, and Summer Recreation Swim program with their current Resident Youth Card
7. Providing false information may result in disqualification from participation in Santa Clara Parks & Recreation programs.

Please print information clearly.

| PARTICIPANT INFORMATION | | | | |
|---|---|-------------------------------------|---------------|--------------|
| Participant's Name (FIRST, LAST) | | | | |
| Date of Birth | Age | Gender M F | School | Grade |
| Please indicate any special needs or medical conditions that staff should be aware of: | | | | |
| PARENT/GUARDIAN (HEAD OF HOUSEHOLD) INFORMATION | | | | |
| Parent/Guardian Name (First, Last) | Date of Birth | Gender M F | Home Phone # | Cell Phone # |
| Address (#, Street, Unit) | | | | |
| City | State | Zip Code | Email Address | |
| EMERGENCY CONTACTS (LOCAL) | | | | |
| Name (First, Last) | Relationship | Home Phone # | Cell Phone # | |
| Name (First, Last) | Relationship | Home Phone # | Cell Phone # | |
| BEHAVIORAL CONTRACT | | | | |
| I have read the Participant Behavior Standard and Discipline Plan and fully understand its content. The significance of this Standard and Plan has been explained to the youth participant. Participant Behavior Standard and Discipline Plan is available online and at the Youth & Teen Center. | | | | |
| _____ Parent's Initials | | _____ Participant's Initials | | |
| I, Parent/Guardian, give my child permission to walk home from the Santa Clara After School Program by initialing below. | | | | |
| _____ Parent's Initials | | | | |
| For Office Use: | <input type="checkbox"/> Proof of Residency | Entered into Active by (Staff/Date) | | |
| | <input type="checkbox"/> Fee Paid | | | |
| | <input type="checkbox"/> Card Printed | | | |
| Comments | | | | |

RELEASE OF LIABILITY & ASSUMPTION OF RISK

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement. Adults participating in Parent-Child Activities must sign below as adult participants in addition to the parent portion of this release Agreement.

Date: _____

ADULT PARTICIPANTS, INCLUDING THOSE PARTICIPATING IN PARENT-CHILD CLASSES, SIGN BELOW

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

PARTICIPANTS, AGE 13-17, SIGN BELOW

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

Signature: _____ Print Name: _____

To be completed by parent or guardian of minor participants

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in recreation. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor may require. I hereby grant permission to City to include pictures and/or video of me and/or said minor during department activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: Parent Guardian