City of Rialto
California

January 12, 2015

Dear Parent/Guardian,

The City of Rialto, Administrative & Community Services Department is excited to announce the opening of Rialto's new Drop-In Recreation program. The program is operated by the City of Rialto, Recreation Division.

This new program is designed to provide a safe, fun, and learning atmosphere for Rialto's youth. The program will run Monday-Thursday, 2:00 pm -6:00 pm beginning January 12, 2015. The program is free to all participants ages 12-18 and will offer free to low-cost services. The program will provide supervised educational support, social/recreational activities, and volunteer and leadership opportunities.

Attached is a Parent Registration Agreement, which includes Minor's Release of Liability, Emergency Contact Information, Policy Agreement, Personal Appearance Release Agreement, Medical Information Form, and Consent for Medical Treatment Form. All forms must be signed for your child's continued participation in the program during the 2014-2015 school year.

If you have any questions or concerns about the Recreation Drop-In program or planning sessions please do not hesitate to contact me at 909-820-2685.

Sincerely,

Julio Salcedo
Administrative & Community Services Supervisor
City of Rialto

Rialto Recreation
Drop-In Program
2014-2015

PARTICIPANT NAME: _____
FIRST MI LAST

DATE OF BIRTH: _____/_____/_____ **AGE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL: _____

SCHOOL: _____ **GRADE:** _____

* * *

<u>IMPORTANT</u>: The Parent/Guardian must sign and submit all forms included in this packet completely and accurately to enroll the participant in the Rialto Recreation Drop-In Program.

For and in consideration of permitting all those listed above the use of or participation at the Rialto Recreation Drop-In Program, operated by the City of Rialto, for the 2014-2015 year, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or cause of action for personal injury, property damages or wrongful death occurring to the participant arising out of use of or participation in said activity or any activities incidental thereto wherever or however that same may occur and for whatever period said activities may continue and the undersigned do for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, aforesaid, which may arise for him/herself and for his/her estate and agrees that under no circumstances will he/she or his/her heirs/executors, administrators and assigns prosecute, present any claim for personal injury, property damages or wrongful death against City of Rialto or any of its officers, agents, servants or employees for any said cause of action whether the same shall arise by negligence of any said persons or otherwise. The undersigned acknowledges that the participant is not covered negligence of any said persons or otherwise. The undersigned acknowledges that the participant is not covered by any medical insurance policy of the City of Rialto.

I certify that the information I have provided is complete and true. I understand that providing incomplete or false information will result in my child being expelled from the program.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

_____
PRINT NAME OF PARENT/GUARDIAN

EMERGENCY CONTACT INFORMATION

ALL PARTICIPANTS ARE REQUIRED TO PROVIDE A MINIMUM OF *THREE* EMERGENCY CONTACTS. PLEASE USE A SEPARATE CONTACT PHONE NUMBER FOR EACH EMERGENCY CONTACT. ALL LISTED EMERGENCY CONTACTS MUST BE 18 YEARS OR OLDER. YOU MAY ATTACH A SEPARATE PIECE OF PAPER FOR ADDITIONAL CONTACTS.

PARTICIPANT NAME: _____

FIRST MI LAST

THE INDIVIDUALS LISTED BELOW ARE AUTHORIZED TO SIGN IN OR OUT THE PARTCIPANT NAMED ABOVE.

1) PARENT/GUARDIAN NAME: _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PRIMARY PHONE: (_____) _____-_____ **SECONDARY PHONE:** (_____) _____-_____

TERTIARY PHONE: (_____) _____-_____ **RELATIONSHIP TO PARTICIPANT:** _____

2) FIRST NAME: _____ **INITIAL:** _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PRIMARY PHONE: (_____) _____-_____ **SECONDARY PHONE:** (_____) _____-_____

TERTIARY PHONE: (_____) _____-_____ **RELATIONSHIP TO PARTICIPANT:** _____

3) FIRST NAME: _____ **INITIAL:** _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PRIMARY PHONE: (_____) _____-_____ **SECONDARY PHONE:** (_____) _____-_____

TERTIARY PHONE: (_____) _____-_____ **RELATIONSHIP TO PARTICIPANT:** _____

4) FIRST NAME: _____ **INITIAL:** _____ **LAST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP CODE:** _____

PRIMARY PHONE: (_____) _____-_____ **SECONDARY PHONE:** (_____) _____-_____

TERTIARY PHONE: (_____) _____-_____ **RELATIONSHIP TO PARTICIPANT:** _____

DROP-IN PROGRAM POLICY AGREEMENT

The Rialto Recreation Drop-In Program is a service provided by the City of Rialto, Administrative & Community Services Department. Participants in the program will experience educational enrichment, personal development, and recreational activities in a fun and safe environment. This agreement is a description of parent support requirements and general operations information. It must be signed for a child to participate. Your signature means that you understand the participation requirements and will adhere to them consistently to continue your child's enrollment.

PARTCIPANT NAME: _____

BASIC INFORMATION, RULES AND REQUIREMENTS

1. **ENROLLMENT:** All youth ages twelve through eighteen are eligible to participate in the Rialto Recreation Drop-In program. Before attending the program, participants must have their parent or guardian fill out the Program Registration packet. Registration for the Rialto Recreation Drop-In Program is free. Additional program activities may be subject to fees. Continuing participants are required to re-submit the Program Registration packet annually and are required to provide current contact information.

2. **HOURS OF OPERATION:** The program operates Monday-Thursday, 2:30 pm – 6:00 pm.

3. **PARTICIPANT SIGN IN:** To attend any program session participants must first sign-in with program staff and present their school ID.

4. **PARTICIPANT SIGN OUT:** All participants must sign themselves out by program closing time (6:00 pm) before leaving for the day.

5. **DISCIPLINE:** Participation in the Recreation Drop-In program is a privilege. Participants and parents are expected to follow the rules of the program; disruptive or disrespectful behavior toward other participants or staff is grounds for expulsion. We encourage you to discuss concerns about your child's behavior with program staff.
   Please see attached Code of Conduct for additional behavior guidelines. The guidelines for disciplinary action are as follows:
   - First Offense: Verbal warning and minor consequence.
   - Second Offense: Consultation with parent and child and four days loss of participation privileges, re-entry based on contract signed by the parent and child.
   - Third Offense: Parent will be notified that participant is expelled from Rialto Recreation Drop-In.

   ***** Staff has the authority to use any step necessary for disciplinary action based on the severity of the offense. *****

6. **PERSONAL BELONGINGS:** **Personal** belongings such as cell phone, tablet, laptop, bag pack, etc. are permitted. However, the City of Rialto Recreation Drop-In Program is not responsible for any lost or stolen items.

7. **SNACKS:** Snacks are provided at a minimal fee. Participants are allowed to bring their own snack. Lunch will **not** be provided by the Recreation Drop-In Program.

I have read and understand the information contained on the Drop-In Program Policy Agreement. I will follow the rules and requirements of the program. Furthermore, I will help my child understand and follow the rules. I understand that failure to adhere to "The Agreement" could result in my child being dropped from the program.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

_____ _____
SIGNATURE OF PARTICIPANT DATE

Minor's Personal Appearance Release Agreement
City of Rialto
Rialto Recreation and Community Services

I hereby grant to Rialto Administrative and Community Services and to the City of Rialto ("City") the following rights relating to Rialto Recreation's possible use of my child _____,
PARTICIPANTS NAME

appearance, name, likeness, voice, biographical information or other materials (collectively the "Materials") for advertising, to be produced in whole or in part, by Rialto Recreation in the city of Rialto, CA, and agrees as follows:

1. Rialto Recreation will have total ownership of the photos.

2. Rialto Recreation may use any of the photographs and otherwise from time to time, for the purposes of advertising, publicity and promotions.

3. I acknowledge and affirm that my child, nor I have been promised or expect to receive any fee, payment, compensation, reimbursement, gratuity, or other consideration in connection with the programming or the or the personal appearance of my child other than described herein.

4. I enter into this Personal Appearance Release for my child because he/she is under the age of 18 and in full contemplation of the possibility that the materials may acquire enhanced value in the present or future as a result of his/her status, or circumstances and events not now foreseen, and I agree on behalf of my child not to make any claim against Rialto Recreation or the City, or its successors or assigns, on the basis of such enhanced value.

Please check one of the following:

☐ I agree to and accept the Minor's Personal Appearance Release Agreement.

☐ I do not agree or accept the Minor's Personal Appearance Release Agreement.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

_____
PRINT NAME OF PARENT/GUARDIAN

MEDICAL INFORMATION

Participants Name: _____
FIRST MI LAST

MEDICAL CONDITIONS TO BE NOTED (Please check all that apply)

_____ Asthma _____ Development Disability _____ Heart Condition

_____ Hearing problem _____ Nervous Disorder _____ Hypertension

_____ Eye Problem _____ Hyperactivity _____ Diabetes

_____ Other (not listed above)

Please explain all checked areas:

_____

_____

Is child now under physician's care? (If so, for what reason):

_____

_____

Is child taking medication? (If so, name medication and reason for taking it):

_____

If child needs to take prescribed medication during Camp hours, please list frequency, dose, and method:

_____

Food Allergies (please list):

_____

Medications Allergies (please list):

_____

The child listed above has my permission to participate in the Rialto Recreation Drop-In Program. This activity is sponsored by the Administrative and Community Services Department, City of Rialto and I acknowledge that the participant is not covered by any medical insurance by the City of Rialto. In consideration of the Administrative and Community Services Department, we do release them, their officers, agents or employees from all liability, demands, or claims for loss, damage, or injury resulting from participation in the above activity.

_____ _____
SIGNATURE OF PARENT/GUARDIAN DATE

_____
PRINT NAME OF PARENT/GUARDIAN

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO **CITY OF RIALTO** TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR _____. THIS
PARTICIPANTS NAME

CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICATION/FOOD ALLERGIES:

_____

_____
HOME ADDRESS

_____
CITY STATE ZIP CODE

(_____) _____
PRIMARY PHONE

(_____) _____
SECONDARY PHONE

(_____) _____
TERTIARY PHONE

_____ _____
SIGNATURE OF PARENT/REPRESENATIVE/GUARDIAN DATE

_____
PRINT NAME OF PARENT/REPRESENTATIVE/GUARDIAN