CITY OF SANTA CLARA PARKS & RECREATION DEPARTMENT

Santa Clara Senior Center Registration Form
January - December 2013

Date Received _____ Staff Initials _____

Please print

FIRST Name	**LAST Name**

Address **Number & Street** **Unit** **City** **State** **Zip Code**

☐ Yes, I would like to receive City of Santa Clara e-mail updates containing information about events and programs
☐ No thanks.

Email Address (if yes) _____

Home Phone (xxx-xxx-xxxx)	**Cell Phone** (xxx-xxx-xxxx)	**Work Phone** (xxx-xxx-xxxx)	**Date of Birth** (xx-xx-xxxx)

Last Name _____

PARTICIPANT INFORMATION

List up to four medical conditions you want emergency responders to be aware of:	Medication/ Other Pertinent Information:
1.	1.
2.	2.
3.	3.
4.	4.

Are you allergic to any food or medication? ☐Yes ☐No List:

Have you had a seizure? ☐Yes ☐No Date of last seizure:

Do you utilize a Personal Care Attendant (PCA)? ☐Yes ☐No
My PCA's name is (list all): I am a PCA for:

Do you utilize any mobility aides? ☐Yes ☐No
Check all that apply: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter/Power Chair ☐ Segway

Do you have a diagnosed disability? ☐Yes ☐No
Check all that apply: ☐ Developmental ☐ Neurological/Cognitive ☐ Physical
Describe:

Do you have any special needs that may effect your participation? ☐ Yes ☐ No
Describe:

EMERGENCY CONTACTS

Name (FIRST/LAST)	Home Phone (xxx-xxx-xxxx)	Cell Phone (xxx-xxx-xxxx)
Name (FIRST/LAST)	Home Phone (xxx-xxx-xxxx)	Cell Phone (xxx-xxx-xxxx)

Office Use Only – *Italicized* sections where information is provided requires TRS (Therapeutic Recreation Services) Supervisor approval prior to processing

CARD ISSUED: (check all that apply)
☐ Fitness Center/Natatorium (Resident/Annexed/SCUSD) [circle one]
☐ Fitness Center/Natatorium (Volunteer / Non-Resident 50+)
☐ ID Fit –TRS
☐ Misc: Woodshop/Personal Care Attendant/Volunteer/Staff [circle one]

NO CARD ISSUED:
Adventures to Go
Lapidary
Non-Resident (Day Pass)

GUARDCARD Number _____ Input by/date: _____ Verified by/date: _____

EMAIL ADDRESS: Input by/date: _____

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: _____

Signature: _____ Print Name: _____

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

STAFF USE ONLY

Comments: _____

_____

_____

Signature: _____ Date: _____