# **CITY OF GRIDLEY - RECREATION DIVISION**



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# **Summer Program Registration Form**

194 Washington Street, Gridley, CA 95948

Ph: 530-846-3264 Fax: 530-846-3229

Staff Only

\_\_\_\$5 Bulldog Card

Total Paid: \$\_\_\_\_

\_\_\_50% Off Coupon

\_\_\_\_ Employee Disc.

Ра	rent N	ame:							
Ac	ldress:								
City:		State:		Zip code:					
Ph	Phone Number: Cell 1:		Cell 2:		Emergency:				
		Participant Name		Sex: M/F	Birthdate	Age	Shirt Size	Grade	]
	1								
	2								1

### 2024 Summer Programs Classes & Camps Check all that apply. Write first name of child next to class

Creative Play \$15.00 July 15th		Bird House \$15.00
Creative Play \$15.00 July 17th		Poster Art \$15.00
Creative Play \$15.00 Aug 5th		Butter Slime \$15.00
Creative Play \$15.00 Aug 7th		Stainglass Window Art \$15.00
Pre-K Lego July 17th \$15.00		Basketball Camp \$35.00
Guided Paint Class #1 \$35.00		Tennis Camp \$35.00
Guided Paint Class #2 \$35.00		Reptile Ron \$30.00
Sugar Cookie #1 \$15.00		Lego Heart \$25.00
Sugar Cookie #2 \$15.00		Lego Dino \$25.00
Cake Décor July 31st #1 \$15.00		Lego Parrot \$25.00
Cake Décor July 31st #2 \$15.00		Tie Die \$35.00
Cake Décor Aug 21st #1 \$15.00	$\Box$	Sun Catcher \$35.00
Cake Décor Aug 21st #2 \$15.00		
String Art \$15.00		
Windchime \$15.00		

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Please indicate special needs of participants due to a physical or mental disability or any additional requests/needs / food allergies:	NO REFUNDS AFTER THE START OF THE PROGRAM. A\$10 administration fee will be deducted for each partici- pant refunded. This policy does not apply to class cancella- tions. There is a \$20 charge on all returned checks.
	How did you hear about our program?
	Social Media/Website /Internet Friend / Family Newspaper

#### **GRIDLEY RECREATION AND COMMUNITY SERVICES**

### PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND IDMINTY AGREEMENT

In consideration of permitting the above name participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Gridley ("CITY"), the undersigned herby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes or action for personal injury (including death) or property damages occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities. The undersigned agrees that under no circumstances will he/she or his/her heirs, executors, administrators, and assignee prosecute, present any claim for personal injury (including wrongful death) or property damage against CITY or any of its officers, agents, servants, or employees or any of said or officers, agent, servants or employees for any said or similar causes or action, including those which arise by the negligence of CITY or any of said persons. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FROM PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSES

BY NEGLIGENCE. The undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents from loss, liability, damage, cost or expense arising out of the participation in said activity. The undersigned acknowledges that he/she has been fully and completely advised of the potential dangers incidental to engaging in the activity, full and voluntarily assumes the risks of engaging in the activity. The undersigned has read this document and is fully aware of the legal consequences of signing it.

If the participant in the activity is a minor, I as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of risk and Indemnity Agreement and sign it on behalf of the Participant with full knowledge and understanding of its contents.

Signature	of the	Parent/	<b>Guardian</b> :
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CONSENT TO MEDICAL TREATMENT OF A MINOR

Date:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of illness or injury while participating in the above event. It is understood that the City of Gridley provides no medical insurance of such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made ton contact such physician. The location of the activity of the nature of the illness or injury may require the use of emergency medical personnel.

Name of Physician:	Phone Number:
	Filone Number.

#### Photography Notice for Adults/Minors

The City of Gridley may take photos of camps/classes and other programs hosted and planned by the Gridley Recreation Department that myself or my child may be seen in, the photos taken sole purpose are to promote such programs and/or other activities. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature of the Parent/Guardian:	Phone Number: