



City of Meniffee Program Registration Form

Please fill out Front and Back of form and all boxes completely with black/blue ink ONLY. The submission of this fully completed application is not a guarantee of registration. City of Meniffee Community Services Department at (951) 723-3880.

Student Last Name		Student First Name		Student's Date of Birth	
Address			City		Zip Code
ONLY registering Parent/Legal Guardian may list and modify the names of the authorized adults to pick up the student from the program. Minimum of 4 are required. Must be 18 years of age or older, and present VALID photo ID EVERY DAY (Name listed below must match ID).					
Legal Father/Guardian Name		Phone Number		Alternative Number or email address	
Legal Mother/Guardian Name		Phone Number		Alternative Number or email address	
1 - Name	Phone Number		4 - Name	Phone Number	
	Relationship			Relationship	
2 - Name	Phone Number		5 - Name	Phone Number	
	Relationship			Relationship	
3 - Name	Phone Number		6 - Name	Phone Number	
	Relationship			Relationship	
Emergency/Medical Information					
Emergency Contact		Phone Number		Doctor's Name	
				Hospital	
Existing Medical Conditions or Allergies or Medications being taken (Staff Members are NOT permitted to carry or administer medication)					

Non-Discrimination Policy: The City of Meniffee prohibits unlawful discrimination in its programs, activities, and practices based on actual or perceived race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics.

Registering Parent/Legal Guardian signature	Date
Registering Parent/Legal Guardian signature	Date

Initials	Please Read:
Program <small>INITIALS</small>	<ul style="list-style-type: none"> ◆ In compliance with Local, State, County, and Federal Guidelines, I understand my child may undergo a daily Wellness Screening including a temperature and symptom check as a part of the daily check-in procedure due to COVID-19. ◆ All parents will be required to review the new health and safety rules and guidelines.
Program <small>INITIALS</small>	<ul style="list-style-type: none"> ◆ Space is limited and registration is on a first come, first serve basis and there are no credits or refunds for City of Meniffee programs. ◆ I understand that as the registering Parent/Legal Guardian, I will be responsible for any costs, repairs, or damages to the facility, park, and/or private property or equipment during program hours if my student has been involved in negligent or abusive behavior regarding the same.
Behavior <small>INITIALS</small>	<ul style="list-style-type: none"> ◆ I understand that inappropriate, disruptive or disrespectful behavior towards the program and its administrators from my student, any authorized adult or myself will result in the removal and dismissal of my student. ◆ Stealing, vandalism, fighting, cursing, foul play, not following directions, etc. will not be tolerated.

CITY OF MENIFEE
Release of Medical, Liability and Assumption of Risk

I, Parent's Printed Name on behalf of myself or Student's Printed Name my minor, In consideration for participating in the activity(ies) listed, I hereby waive, release and discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the activity(ies). This release is intended to discharge, in advance, the City of MENIFEE, its officers, officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in said activity, even though that liability may arise out of negligence on the part of the City of MENIFEE its officers, officials, employees, agents, and volunteers. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents may occur during the above described activity; and that participants in the above described activity may sustain bodily injury, personal injury and/or property damage as a consequence thereof. Those hazards include, but are not limited to, exposure to the elements, sprains, strains, cuts or contusions associated with strenuous work or the use of tools; over exertion; walking on uneven ground, lifting materials or unpredictable acts by others. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in the above described activity and I hereby agree to assume any and all risks of injury or death and to release the City of MENIFEE, its officer, officials, employees, agents, and volunteers, who through negligence or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding to my heirs and assigns. I further agree to indemnify, defend and hold the City of MENIFEE its officers, officials, employees, agents, and volunteers harm-less from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the above described activity.

Photo & Video Taping Release: I hereby give my express and unconditional permission and consent to City of MENIFEE to use videotaped or photographed images of me or said minor or otherwise use the name or my likeness or that of said minor for use in the City's publicity or public relations materials and I will not seek any fee or other form of compensation of any type or amount for such use. I hereby give up any rights that I or said minor may have to inspect or approve my images, name or likeness or that of said minor including any advertising copy, printed matter, website or other media or material in which my images, name or likeness or that of said minor may appear in relation to the City of MENIFEE publicity or public relations materials.

Assumption of Risk and the Waiver of Liability Relating to the Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. **Adults over age 65** and **people of any age with serious underlying medical conditions** including, but not limited to, **HIV, asthma and other respiratory conditions**, and **pregnancy**, may be a **higher risk for more serious complications from COVID-19**.

The City of MENIFEE has put in place preventative measures to reduce the spread of COVID-19; however, the City **cannot guarantee** that you or your child (ren) will not become infected with COVID-19. Further, **attending the City of MENIFEE community service programs could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the City of MENIFEE Programs and Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending City of MENIFEE Programs and activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of MENIFEE employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

Sick Individuals at City of Menifee Programs

Any staff or participant exhibiting COVID-19 symptoms will be immediately isolated from the group in a designated area and be required to wear face covering until they can be transported home or to a healthcare facility, as soon as practicable.

Any area that was used or occupied by any sick individual will be closed off and thoroughly cleaned and disinfected.

Sick staff members and participants will be advised not to return to City of Menifee programs until they have met CDC criteria to discontinue home isolation, including three days with no fever, symptoms have improved, and 10 days since symptoms first appeared.

All parents/guardians will be immediately notified of any positive case of COVID-19 while maintaining confidentiality as required by state and federal law.

If a participant or staff member tests positive for COVID-19 and has exposed other participants, the following steps will be implemented:

- In consultation with the local public health department, the appropriate staff member may consider if closure is warranted and length of time based on the risk level within the specific community as determined by the local public health officer.
- Given standard guidance for isolation at home for at least 14 days after close contact, the facility or office where the patient was based will typically need to close temporarily as participants or staff isolate. Additional close contacts at the program should also isolate at home.
- Additional areas of the facility visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.

Registering Parent/Legal Guardian signature

Date

Printed Name of Registering Parent/Legal Guardian

Name of Student (Child)