



City of Menifee 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 Menifee 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 Menifee 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 INITIALS	Space is limited and registration is on a first come, first serve basis and there are no credits or refunds for City of Menifee 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 INITIALS	<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
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.

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.

Assumption of the Risk and Waiver of Liability Relating to Contagious Diseases: The City of Menifee has put in place preventative measures to reduce the spread of contagious disease; however, the City cannot guarantee that you or your child(ren) will not become infected with any communicable disease. I hereby assert that I am in sufficiently sound health and that I have no health condition, illness, or communicable disease that may make my participating injurious to me or others. If I should develop any such condition, illness or disease during the term of activities, I promise to discontinue participation until I have received an appropriate medical release from my doctor. 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.

Registering Parent/Legal Guardian signature

Date

Printed Name of Registering Parent/Legal Guardian

Name of Student (Child)