



## MEMBERSHIP FORM

Participant Information			
Last Name	First Name	Date of Birth:	Grade
Email		School	
Male	Circle One Female	Non-Binary	Preferred Pronouns (to be used by staff)

Parent/Guardian Information			
Last Name	First Name	Relationship	Phone
Address		Email	
Last Name	First Name	Relationship	Phone
Address		Email	

Emergency Information		
Name	Relationship	Phone
Name	Relationship	Phone

Medical Information		
Medical Coverage	Medical Identification #	Allergies: YES NO   Please list below if answered yes
List Dietary Restrictions	List Current Medications	

### Teen Center Membership Options (choose one)

Each membership option will come with a membership card. Once this application is submitted, you will receive a separate email in how to complete your payment and how to receive your membership card.

- \$2.00 Daily Drop In (one day use)
- \$10.00 Monthly Membership
- \$70.00 Annual Membership

### Photo/Video Release Statement

I hereby give permission to the City of Palo Alto, Community Services Department to use my (or additionally listed) name and photograph in all forms and media for advertising, trade, and any other lawful purposes.

**YES, I permit my child/children to be photographed and/or videotaped** while in a City of Palo Alto program.

**NO, I do not permit my child/children to be photographed and/or videotaped** while in a City of Palo Alto class.



**Program Agreement**

I agree that I have read, understand and will abide by the policies, standards, rules and community agreements of the Mitchell Park Teen Center as stated in the Handbook. I understand that failure to comply with these rules will result in disciplinary action, which can include sitting out of activities, suspension from a program / day / event, suspension for a period of time from the Teen Center or being suspended indefinitely.

**WAIVER:**

**WAIVER: All classes require the signature of each registering adult or parent or guardian of any minor(s).** I give permission to participate in the following programs, including any associated travel sponsored by the City of Palo Alto Community Services Department, for myself and/or child as named. In consideration for participation in the programs, I agree to the following: I understand that participating in the programs is a voluntary activity that I am choosing to participate in and is not required. I understand that there are inherent risks in participating in the programs which may be both foreseen and unforeseen and include illness, physical injury and death.

I understand that there is a Coronavirus pandemic in effect, that the City will provide the programs in compliance with the guidelines of the Santa Clara County Health Order in effect and any superseding orders of the State of California with regard to the Coronavirus, and that despite the City's compliance with such guidelines, the City cannot guarantee that there is no risk of transmission of the Coronavirus. **I understand that participants will be required to use safety gear consistent with such health orders, including, without limitation, face coverings and hand sanitizer, and will be required to follow social distancing guidelines and other safety protocols. I also agree that participants must be symptom free (no coughing or fever) in order to participate in the program, and will not have been knowingly exposed to Coronavirus within the 2 weeks prior to participation in the program.** Additionally, I agree to **ASSUME ALL RISKS** of participating in the programs. I agree to **DISCHARGE AND RELEASE** (agreeing to make no claim and not to sue) and **HOLD HARMLESS** the City of Palo Alto, its employees, its agents, its independent contractors, and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I understand and agree that this **ASSUMPTION OF THE RISK, DISCHARGE AND RELEASE, AND HOLD HARMLESS** includes any claims relating to the actions, omissions, or negligence of the City, its employees, agents, independent contractors, and volunteers.

If participant's family member or someone in close contact with the participant (outside of this program) tests positive for COVID-19, or if participant tests positive for COVID-19, I give permission for the City to notify other people in contact with the participant (including other program participants, staff, and volunteers) that they may have been exposed to COVID-19. In doing so, the City shall not identify the participant or their family by name except as required by government mandates.

I additionally understand and agree that in compliance with Appendix C-1 of the Santa Clara County Public Health Order (effective July 13, 2020), I may not register my child for more than 1 program (with the City of Palo Alto or any other agency) at a time.

**I acknowledge that I have carefully read this liability waiver and understand the information herein, and that I agree to each of the terms and acknowledgments in this liability waiver.**

Parent/Guardian's Name	Signature	Date
Participant's Name	Signature	Date

**OFFICE USE ONLY:**

**Date Submitted**

**Staff**

**Membership Type:**

Drop In / Monthly / Yearly