

# ACTIVITY REGISTRATION FORM

**CITY OF ANTIOCH**  
 Recreation Department  
 4703 Lone Tree Way  
 Antioch, CA 94531  
 (925) 776-3050

## Refund Policy—Please Read!

The City of Antioch will be happy to arrange a transfer to another class/activity or arrange a refund. Customer requested refunds or transfers may be requested in writing NO LATER THAN 5 business days prior to the first day of class. All refunds are subject to a \$7 service charge per activity unless class/activity is canceled by the City of Antioch Recreation Department. You will receive an email confirmation if your refund/transfer is approved. Refund policies may be different for swim lessons. Registrations made less than 5 business days prior to the beginning of the first class will not be subject to refunds.

You may also register with your credit card at [activenet.active.com/antiochrecreation](http://activenet.active.com/antiochrecreation)



**No Cash in Drop Box Please**  
**Faxed Registration Forms Are Not Accepted**

## REGISTRATION FORM (Limited to Family Members Only)

Adult Information (Please Print)

Antioch Resident  Non-Resident

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Participant Name	Date of Birth	Gender	Activity #	Activity Name	Class Start Date	Fee

Fee Assistance Program Donation: Funds youth in need to participate in classes and activities. **MY DONATION AMOUNT IS: \$**

*Please note: Personal checks being used for payment must be pre-printed with customer information.* **TOTAL FEES: \$**

Check if participant has Special Needs requiring special accommodations

### ASSUMPTION OF RISK, RELEASE, HOLD HARMLESS AND CONSENT TO MEDICAL TREATMENT AND PHOTOS.

On behalf of myself and any minor child named above, I acknowledge that I am (minor is) in good physical condition to participate in the activity but that accidents and injuries can arise from such participation. Knowing these risks and in consideration of acceptance of my application, I voluntarily desire to participate (have minor participate) in this activity and assume all risks and waive and release City and its officers, employees and agents from any claims or liability for personal injury (including death) or property damage arising from or connected with participation in the activity, even if the liability may arise out of negligence or carelessness of the City or its officers, employees and agents. I further agree to hold harmless, indemnify and defend the City and its officers, employees and agents, who through negligence or carelessness might otherwise be liable to me (or my heirs or assigns). In the event of injury or illness, I consent to and agree to be responsible for costs for transportation to a medical facility and whatever examination, procedure or treatment considered necessary by the medical personnel. This assumption of risk, release and hold harmless is binding on my heirs, dependents, executors, administrators, and assigns. I agree to abide by any rules and regulations for the activity. I give consent to the City of Antioch to photograph or video the participant for any legitimate purpose by the City or sponsors of this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM MUST BE SIGNED TO PROCESS APPLICATION**

**HAVE FUN & MAKE NEW FRIENDS**  
**ASSIST WITH RECREATION PROGRAMS AND ACTIVITIES**  
**GIVE BACK TO YOUR COMMUNITY**

**JUNIOR RECREATION LEADERS**  
 SUMMER 2022  
 AGES 12-14

The Junior Recreation Leader Program is not affiliated with the Antioch Unified School District (AUSD) and the AUSD accepts no liability or responsibility for this program.

VISIT: [ANTIOCHCA.GOV/RECREATION](http://ANTIOCHCA.GOV/RECREATION)  
 EMAIL: [HPACHECO@ANTIOCHCA.GOV](mailto:HPACHECO@ANTIOCHCA.GOV)

LAST NAME \_\_\_\_\_

# Junior Recreation Leader Emergency Form

City of Antioch Recreation Department | 4703 Lone Tree Way | Antioch, CA 94531 | 925-776-3050

## JUNIOR REC INFORMATION

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Swim Ability Non-Swimmer Beginner Intermediate Advanced T-Shirt Size XS S M L XL AS AM AL

### Parent/Guardian #1

### Parent/Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## DESIGNATED CHILD PICK-UP AUTHORIZATION LISTING - Must put person other than parent or guardian

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

## FEE FOR LATE PICK-UP

Parents agree to pick up their children by or before the scheduled release time. A LATE FEE OF \$5.00 PER 5 MINUTE INTERVAL PER CHILD WILL BE CHARGED. Late fees are to be paid directly to the City of Antioch.

I have read and understood the Late Fee procedure listed above and agree to the terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT TO MEDICAL TREATMENT OF MINOR

I hereby authorize any medical doctor, emergency technician, paramedic, nurse, healthcare provider, hospital, or other medical facility to treat my child for any illness, medical complication, allergic reaction, or injury received while my child participates in the City of Antioch Program. I authorize any licensed physician to perform any procedure, including the administration of anesthesia that the physician deems advisable to treat any illness, medical complication, allergic reaction, or injury that my child may experience. I authorize any City of Antioch employee to perform any procedure, including the assistance in the administration of epi-pens or medication (whether over the counter prescription) that I have described in the Authorization for Emergency Care for Children with Severe Allergies/Life Threatening Medical Condition to treat any illness, medical condition, allergic reaction, or injury that my child may experience. I realize that there is a possibility of complications and undesired and unforeseen consequences in any medical treatment and I assume any such risk on behalf of my child. I represent that I am a parent or legal guardian of the child and I hereby agree to defend, hold harmless, and indemnify the City of Antioch, its Council, officers, employees, agents, and volunteers, and event holders, event sponsors, event directors, event volunteers, doctors, emergency medical technicians, paramedics, nurses, healthcare providers, and hospitals or other medical facilities from all liability, loss, costs, claims, or damages whatsoever that may be imposed upon said parties due to the medical treatment, or lack thereof, given to my child.

Check here if your child requires assistance with the administering of medication during program time.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# PARENTAL CONSENT & DIRECTIONS TO STAFF FOR THE SELF-ADMINISTRATION OF MEDICINES

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Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Program / Class \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Asthmatic:  Yes  No Allergies/ Food Restrictions :  Yes  No

Allergic Reactions, Signs & Symptoms to Look For \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications :  Kept at site  Brought Daily and Delivered to Instructor

Name of Medication(s) \_\_\_\_\_

Form: (liquid, pill, etc) \_\_\_\_\_

All medications, prescription and over the counter, must be provided to City of Antioch Recreation Department staff in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the INSTRUCTION section. If additional instructions are required, please attach another sheet.

**INSTRUCTIONS:** Parents/Guardians - *Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staff's ASSISTANCE with medical treatment of your child.*

*For Example: 1. Administer Epi-pen 2. Administer 2 teaspoons of liquid Benadryl 3. Call 911 4. Call Parents*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## WALK WAIVER

(Waivers for Junior Recreation Leaders who walk to and/or from program)

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to walk to and from the Junior Recreation Leader program. I understand my child will not be supervised on his/her walk to camp or home.

**Waiver & Release:** I, the undersigned, in consideration of participation in the activity listed above agree to indemnify and hold harmless the City of Antioch agents and its employees from any and all liability for any injury suffered by the above named participant arising out of or in any way connected with participation in the activity.

Locations (Check all that apply):

- Antioch Community Center, 4703 Lone Tree Way Antioch, CA 94531
- Antioch Senior Center, 415 W. 2nd Street Antioch CA 94509

Dates (Check all that apply):

- All Program Dates: June 20, 2023-July 28, 2023
- One Program Day: \_\_\_\_\_
- Multiple Program Dates: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name (Printed):

Parent or Guardian Signature:

Date: