



# The View Teen Center

## Registration form

263 Escuela Avenue, Mountain View, CA 94040 (650) 903-6333

www.mountainview.gov/theviewteencenter

Please complete the following and return to The View Teen Center or Mountain View Community Center

Participant's First Name \_\_\_\_\_ Last \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Circle one Female Male

Participant's Email \_\_\_\_\_

Parent/ Guardian First Name \_\_\_\_\_ Last \_\_\_\_\_

Parent/ Guardian Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_

### Emergency Information

Person(s) to contact in case of an emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Are the above contacts authorized to pick up your child from Recreation programs? YES NO

### Medical Information

*The View staff will not administer any medication to participants. Reference pg. 6 of the participant handbook for medication policy.*

Is the participant taking any prescribed medication? YES NO

If yes, please list \_\_\_\_\_

Does the participant have any allergies? YES NO

If yes, please list \_\_\_\_\_

Please list any special needs, health concerns, or suggestions to assist The View Teen Center staff with your child

The View participants may bring in PG-13 movies to watch at The View. If you prefer your teen to not watch PG-13 movies, The View Staff will ensure that your teen is not in the same room the movie is being played in.

- YES, I give my student permission to watch a movie rated PG-13 at The View Teen Center
- NO, I would prefer that my child not watch a movie rated PG-13 outside my presence.

**Waiver and Release / Photo Release:** In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Further, I understand that the City of Mountain View, its City Council, employees, agents and volunteers, are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies.

**In addition, I give permission to the City of Mountain View to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City related media .**

By my signature below, I acknowledge that I have read this document and understand its contents.

### Behavioral Contract

I agree to follow the rules in The View Teen Center 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 View Teen Center, or being suspended indefinitely from The View Teen Center. Programs at The View Teen Center are a privilege, not a right. I need to act accordingly to keep this privilege.

**PARTICIPANT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have reviewed these rules with my child and understand that failure to comply with these rules will result in disciplinary action which can include my child sitting out from activities, suspension from a program/day/event, suspension for a period of time from The View Teen Center, or being suspended indefinitely from The View Teen Center.

**PARENT/GUARDIAN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_