

# TRS REGISTRATION FORM

**Payment by check or money order should be made payable to the City of Santa Clara.**

All payments must be received before the start of programs (see below for credit card payments).

Please return or mail advance registration to: Therapeutic Recreation Services, c/o Santa Clara Senior Center,  
1303 Fremont St., Santa Clara, CA 95050

Please complete all sections. Please sign all areas. If you would like your receipt mailed to you, please enclose a business size, self-addressed, stamped envelope. Un-mailed receipts are distributed during program/class.

Participant's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M  F  E-mail Address: \_\_\_\_\_

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

- Check here if this is a new address or phone number       Check here if you are new to our programs  
 Check here if you will be taking Outreach to TRS programs. Outreach Identification Number: \_\_\_\_\_

School/Place of Employment \_\_\_\_\_

Parent or main contact name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Emergency Name (other than residence) \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Participant's Name	Program	Course Number	Fee
		<b>Total Fees:</b>	

**METHOD OF PAYMENT**

Cash   
 Check   
 Money Order   
 Balance on Account   
 Credit Card\*

**\*If you prefer to pay by credit card you will be contacted by staff when payment is due.**

## PARTICIPANT INFORMATION

Participant, Parent or Guardian **please complete the information on the back of this page thoroughly.** Information shared is utilized by Therapeutic Recreation Services Staff to assess and provide the best accommodations possible based on the participant's individual needs. **ALL INFORMATION WILL REMAIN CONFIDENTIAL.**

Please contact Therapeutic Recreation Services at (408) 615-3170 if you have any questions or concerns.



**Clearly print information below**

Participant's Medical Diagnosis (i.e. intellectual disability, autism, anxiety disorder etc.) \_\_\_\_\_

History of Seizures  Yes  No Date of Last Seizure \_\_\_\_\_

Special Needs/Restrictions (i.e. special diets, allergies, medical conditions, physical activity limitations, etc.) \_\_\_\_\_

List all medication participant is currently taking \_\_\_\_\_

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of the acceptance by the City of the application for entry into the classes or activities listed on the Registration Form on the reverse side of this Agreement and entry to and use of any facilities or equipment as part of these classes or activities, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees, the Santa Clara Unified School District, its School Board, officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE DESCRIPTION IN THIS CATALOG OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED, AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in classes or activities, including minors 13-17 years of age, must sign this Agreement.

**PARTICIPANTS, AGE 13 and up, SIGN BELOW**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY PARTICIPANT, PARENT OR GUARDIAN (OF DEPENDENT or MINOR PARTICIPANTS)**

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor/dependent participant and that I and/or my minor/dependent child are physically able to participate in recreation activities. In the event I or said minor/dependent requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor/dependent, but this contact is not necessary to administer emergency aid. I will pay for all medical treatment which I or said minor/dependent may require. I understand the City may include pictures and/or video of me and/or said minor/dependent during department activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

**I give my consent to the Santa Clara Parks and Recreation Department to photograph said registered participant(s). Check one:**

Yes  No

Signature of participant or parent /guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print participant or parent/guardian name: \_\_\_\_\_

Please indicate whether you are signing as:  Participant  Parent  Guardian