Formulario de Registro de TRS

El pago con cheque o giro postal debe hacerse a nombre de la Ciudad de Santa Clara(City of Santa Clara).

Todos los pagos deben recibirse antes del inicio de los programas (consulte a continuación los pagos con tarjeta de crédito).Por favor devuelva o envíe la inscripción por adelantado a:

Therapeutic Recreation Services
c/o Santa Clara Senior Center
1303 Fremont St. Santa Clara, CA 95050

Por favor completa todas las secciones. Por favor firme todas las áreas. Si desea que le enviemos su recibo por correo, adjunte un sobre de tamaño comercial, con su dirección y un sello. Los recibos no enviados por correo se distribuyen durante el programa / clase.

Nombre del Participante _____ Número de Teléfono de Casa _____

Fecha de Nacimiento _____ Edad _____ Sexo: ☐ M ☐ F Correo electrónico:_____

Dirección _____ Ciudad _____ Código Postal _____

☐ RESIDENTE– Vive en Santa Clara o registrado al Distrito Escolar Unificado de Santa Clara.

☐ Marque aquí si esta es una nueva dirección o número de teléfono. ☐ Marque aquí si es nuevo en nuestros programas

☐ Marque aquí si va a llevar a OUTREACH a los programas TRS. Número de identificación de OUTREACH:_____

Escuela / Lugar de Empleo _____

Nombre del contacto de Padre/Madre o Cuidador_____ Número Celular _____

Nombre de emergencia (que no sea de residencia) _____ Número de Teléfono _____

Relación con el participante _____

Nombre de Participante	Programa	Numero de Curso	Cuota
		Tarifas totales:	

FORMA DE PAGO

☐ Efectivo ☐ Cheque ☐ Pagado en el sitio web ☐ Saldo en cuenta ☐ Tarjeta de crédito*

Por favor completa el otro lado de la página

INFORMACIÓN DEL PARTICIPANTE

Participante, padre o cuidador, **completa la información en esta página a fondo**. El personal de los Servicios de recreación terapéutica utiliza la información compartida para evaluar y proporcionar el mejor alojamiento posible según las necesidades individuales del participante. **TODA LA INFORMACIÓN SERÁ CONFIDENCIAL.**

Diagnóstico médico del participante (es decir, discapacidad intelectual, autismo, trastorno de ansiedad, etc.)

_____

Historia de las convulsions ☐ Si ☐ No Fecha de la última incautación _____

Necesidades / restricciones especiales (es decir, dietas especiales, alergias, afecciones médicas, limitaciones de actividad física, etc.) _____

_____

Escriba todos los medicamentos que el participante está tomando actualmente _____

_____

Comuníquese con los Servicios de recreación terapéutica al (408) 615-3169 si tiene alguna pregunta o inquietud.

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.

PARTICIPANTES DE 13 AÑOS EN ADELANTE, FIRME EN LA LÍNEA

Firma: _____ Nombre en letra de imprenta:_____ Fecha: _____

PARA SER COMPLETADO POR EL PARTICIPANTE, PADRE O CUIDADOR (DE DEPENDIENTES o PARTICIPANTES MENORES)

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.

Doy mi consentimiento al Departamento de Parques y Recreación de Santa Clara para fotografiar a dichos participantes registrados. Marque uno:

☐ Si ☐ No

Firma del participante o padre / cuidador: _____ **Fecha:**_____

Escriba el nombre del participante o padre / cuidador: _____

Indique si está firmando como: ☐ Participante ☐ Padre ☐ Cuidador