



2019 YOUTH REGISTRATION/RELEASE
ART THOMPSON TEEN CENTER
651 NORTH MT. VERNON AVENUE ~ COLTON, CA 92324

CHILD'S NAME _____ **Date of Birth** _____ **Age** _____
Address _____ **City** _____ **Zip** _____
 Male Female **Grade** _____ **School** _____
Contact Phone Number _____ **Alternate Phone Number** _____

PARENT / GUARDIAN INFORMATION *(Please list two, with first & last name)*

Mother _____ Guardian _____
 Father _____ Guardian _____

I authorize the Minor listed above, to participate in: Teen Drop-In Recreation Program from January 1, 2019 through January 31, 2020 the ("Activity") with the Colton Community Services.

The Activity shall be provided in and around the City of Colton, California and shall be provided for the following Monday through Thursday from 3:00 p.m. – 8:00 p.m. and Friday from 3:00 p.m. - 9:00 p.m.

Days and times are subject to change, with notice, for holidays, building closures, and city special events.

I am aware that by participating in the aforementioned Activity, the minor referenced above (hereinafter, "Minor") may be exposed to risks of damage to his/her personal property and personal injury to himself/herself. I understand and agree that Minor shall comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure of Minor to observe all rules may result in Minor's removal from the Activity.

IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, ON BEHALF OF MYSELF AND MY MINOR CHILD, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration for Minor being allowed to participate in the Activity, I, on behalf of myself and Minor, hereby assume the risk of, and responsibility for, any such injury, death, or damage which Minor may sustain arising out of or in any way connected with participation in the Activity, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators and assigns of Minor, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with Minor's participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for Minor participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said Minor's participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators, and assigns of Minor.

******* CONTINUED ON BACK SIDE *******

Child's Name: _____

CONSENT TO TREATMENT OF MINOR

In the event of illness, accident, or injury which may occur while Minor is participating in the Activity, I hereby authorize and give my consent, pursuant to California Family Code Section 6910, to Colton Community Services to seek medical treatment for Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California. I will pay all medical, hospital, or other expenses that Minor may incur as a result of such treatment.

Doctor Name/Agency: _____ Phone Number: _____
Address: _____ City: _____

Please list any allergies (including food): _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (List three)

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which Minor's image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein. I understand and agree that Minor and I will receive no monetary or other compensation for Minor's appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

- Yes, I consent to the above media release.
- No, you do not have permission to use photographs or videos for marketing and promotional materials.

DISASTER / IMMINENT DANGER RELEASE AGREEMENT

In the event of an emergency, staff will not allow participants to leave until parent or someone on listed their release form, comes to pick them up. Please explain carefully to your child that in the event of a disaster or imminent danger (terrorist/bomb threat, armed suspect, fire/flood or other natural disaster) that they are not allowed to sign out & walk home. They must stay with City of Colton, Community Services staff. Reassure your child that this is very important, as you will be coming for them at the evacuation site below.

EVACUATION SITE: Open grass area in front of the Art Thompson Teen Center.

FIELDTRIP AGREEMENT

I understand space is limited and that participants will be taken in the order they are registered. If a registered participant does not arrive by the departure time listed, another participant may be taken from the waiting list.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself and Minor. I agree that Minor will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and Minor. I knowingly and voluntarily give up these rights of my own free will on behalf of myself and Minor by signing this Agreement.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Received and Approved By: _____

Date: _____



2019 YOUTH REGISTRATION/RELEASE

Art Thompson Teen Center Transportation to City of Colton parks/facilities within Colton City limits.

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 Male Female **Grade** _____ **School** _____
Contact Phone Number _____ **Alternate Phone Number** _____

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Additionally, in consideration for Minor participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said Minor's participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise.

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- Yes, I consent to the above media release.
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EVACUATION SITE: Open grass area in front of the Art Thompson Teen Center.

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Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Received and Approved By: _____

Date: _____



ART THOMPSON TEEN CENTER TEEN DROP – IN RECREATION

Please read the following information carefully. **Each participant (child) and their parent(s)/guardian(s) must initial** indicating that you have received, reviewed, understood and agreed to the following:

TOP TEN NEED TO KNOW RULES:	Parent/Guardian Initials:	Child Initials:
1) Sign in & Sign out of the program taking off wrist band before you leave.		
2) Always let staff know where you are going AND when you are leaving for the day.		
3) Respect ALL staff & other participants.		
4) Help clean up areas of play/craft before leaving.		
5) Help take care of equipment, supplies, and building.		
6) <u>No negative body contact or profanity. (NO TOLERANCE)</u>		
7) <u>No bullying, name calling or teasing. (NO TOLERANCE)</u>		
8) No outside food or drinks in the program areas.		
9) Stay out of Staff only areas.		
10) Closed toed shoes. (Child will be sent home if not wearing closed toed shoes)		

DROP-IN PARTICIPANT SIGN IN & SIGN OUT:

This is a **DROP-IN** program which means that participants are responsible for signing themselves in and out of the program and may arrive or leave at any time as long as they inform staff. Staff will provide supervision as long as the child is signed into the program. Staff are **not** responsible for arranging, assisting with participants pick up from the program and are **not** responsible for waiting with participants after the center has closed at 8pm (9pm on Fridays).

PARENTS: Please discuss with your child, what they should do after signing out and inform staff of agreement to limit confusion.

ENROLLMENT:

Children ages 12-17 are allowed to participate in this free program. (Proof of age may be required). Each participant **MUST** have a **current registration card/emergency waiver on file at all times** with a working phone number for parent/guardian and TWO emergency contacts. Please keep this information updated **at all times**.

CELL PHONE USE:

Cell phone use is **NOT** permitted during the program. If a participant needs to use a cell phone to contact their parents, the participant should alert a staff member and they will be allowed to step outside the room or activity to contact their parents. In case of an emergency, parents should call the **Thompson Teen Center at 909.514.4255.**

DISASTER/IMMINENT DANGER RELEASE AGREEMENT:

Please explain carefully with your child that in the event of a disaster or imminent danger (terrorist/bomb threat, armed suspect, fire/flood or other natural disaster) that they are **not** allowed to sign out & walk home. They must stay with the City of Colton staff. That staff will not allow them to leave until you or someone on their emergency form, comes to pick them up. Reassure your child that this is very important as you will be coming for them at the center or at the evacuation site in front of the center in the open grass area.

QUESTIONS OR CONCERNS

Our goal is to provide a quality program where participants can grow and thrive in a safe and fun environment. Should you have any questions or concerns regarding any program or activity, we encourage you to talk to us directly. **We can be reached at:**

Art Thompson Teen Center: 909-514-4255	Specialist, Corina Vega: 909-514-4252	Coordinator, Anthony Fernandez: 909-514-4253
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Parent/Guardian's Signature & Date:

Participant's Signature & Date:

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

<u>Project/ Activity Title:</u> Colton: After School Programs at the Colton Art Thompson Teen Center	<u>PROJECT/CASE NUMBER :</u> COLT-15-1-05D/3447
<u>Name/Address of Contract Agency:</u> The City of Colton Art Thompson Teen Center 651 N. Mt. Vernon Ave.	<u>Date of Issue:</u> <input type="checkbox"/> Original: Beginning <input checked="" type="checkbox"/> Amendment No.: 1

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. **Only one statement per person, per year is required.**

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

How many persons are in your household? _____

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the 2015 EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.**

	YES/NO
EXTREMELY LOW-INCOME	_____
VERY LOW-INCOME	_____
LOW-INCOME	_____

	Number of Persons in Your Household							
	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME LIMIT (\$)	13,100	15,930	20,090	24,250	28,410	32,570	36,730	40,890
VERY LOW-INCOME LIMIT (\$)	21,750	24,850	27,950	31,050	33,550	36,050	38,550	41,000
LOW-INCOME LIMIT (\$)	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650

* Taken from FY 2015 Income Limits Summary, <http://www.huduser.org/portal/datasets/il/il2015/2015summary.odn>.

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

<u>Project/ Activity Title:</u> Colton: After School Programs at the Colton Art Thompson Teen Center	<u>PROJECT/CASE NUMBER :</u> COLT-15-1-05D/3447
<u>Name/Address of Contract Agency:</u> The City of Colton Art Thompson Teen Center 651 N. Mt. Vernon Ave.	<u>Date of Issue:</u> Original: Beginning <input checked="" type="checkbox"/> Amendment No.: 1

3. Please indicate how you identify yourself by checking only one of the following choices:

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: YES NO

5. Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:

(Description)

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME : _____ DATE : _____

ADDRESS : _____ CITY : _____ ZIP : _____

SIGNATURE : _____ PHONE : _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.