

**REGISTRATION FORM**

**CITY OF WATSONVILLE**

**Parks & Community Services Department**

231 Union St. – Watsonville, CA 95076

(831) 768-3240 Fax: (831) 763-4078



**Parent Information**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

DOB: \_\_\_\_\_



Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email address \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

METHOD OF PAYMENT: CASH CHECK  

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Check Payable to: *City of Watsonville*

Participant Name	DOB	Sex	Activity #	Activity Title	Resident Fee	Non-Res. Fee	Total
		M/F					
		M/F					
		M/F					
		M/F					
		M/F					
		M/F					

Is the participant under a doctor's care? YES  NO  Taking Medication(s)? \_\_\_\_\_

Do(es) the participant(s) have any allergies or require any special accommodations?  YES  NO

If yes, please describe: \_\_\_\_\_

**(Soccer & Camp ONLY):** Shirt Size YXS YS YM YL AS AM AL AXL

Soccer Teams: Are you interested in playing co-ed in the event we don't have enough female participants?  YES  NO

Camper's Swimming Ability: Non-Swimmer Beginner Advanced Don't Know

Is your child: Vegetarian? NO YES Vegan?  YES  NO

Does the camper have any food allergies or sensitivities\*? NO YES If yes, please list: \_\_\_\_\_

*\*(Please Note: If your child has multiple allergies/sensitivities you may need to supply pre-made meals for him/her)*

How did you hear about the activity for which you are enrolling?  PCS Recreation Guide  PCS Website  Facebook/Twitter  PCS Flyer  Channel 70  Newspaper  Friend/Relative  School  Other \_\_\_\_\_

**Class/Program Withdrawals, Transfers and Refunds due to Illness or Injury**

- A refund of fees, minus a \$10 processing fee, will be issued for class/program withdrawals requested 14 or more calendar days prior to the first day of the class/program. No refunds will be issued for withdrawals requested less than 14 calendar days prior to the first day of the class/program.
- Requests for transfers must be made 14 or more calendar days prior to the first day of the class/program from which the transfer is requested. All transfers are subject to a \$10 processing fee. No transfers will be granted if they are requested less than 14 calendar days prior to the first day of the class/program from which the transfer is requested.
- If, due to illness or injury, a participant is unable to complete a class/program and misses two or more class/program sessions, a partial refund may be granted if requested by the participant (at least 18 years old) or the participant's legal guardian no more than 10 calendar days after the last class meeting. The request must be accompanied by a physician's note stating the participant is unable to complete the class.

The undersigned, in consideration of participation in this program, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named individual registered in this program, arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I and/or my children appear.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

*(If participant is under 18 years of age, parent/guardian signature is required.)*

# SWIMMING LESSONS

BEGINNER I	BEGINNER II	BEGINNER III	INTERMEDIATE	SWIMMER
*Participants must not be afraid to enter the shallow end of the pool.	*Participant must have mastered the skills taught in Beginners I.	*Participant must have mastered the skills taught in Beginners II.	*Participant must have mastered the skills taught in Beginners III.	*Demonstrate the proper form while swimming 100 yds. using freestyle, backstroke, breaststroke & sidestroke.
*Is able to hold on to the side/wall of the pool unassisted.	*Is able to bob 10 times while blowing bubbles.	*Is able to paddle stroke 25 yds. unassisted with face in water and repeatedly blowing bubble and coming up for air.	*Demonstrate proper form while swimming 25 yds. using the freestyle, elementary backstroke & backstroke.	*Swim under water for 15 yds.
*Is able to bob five (5) times with bubbles unassisted.	*Is able to paddle stroke 10 yds. unassisted.	*Is able to retrieve toy from 5 ft. depth and return to side of the pool.	*Tread water for 1 min. & swim back to side unassisted.	*Tread water for 2 min.
*I have read the requirements my child must meet in order to enroll in each course and hereby acknowledge my choice.				
<input type="checkbox"/> Beginner I <input type="checkbox"/> Beginner II <input type="checkbox"/> Beginner III <input type="checkbox"/> Intermediate <input type="checkbox"/> Swimmer				
Signature _____		Date _____		

## Camp W.O.W (Wild on Watsonville) TERMS AND CONDITIONS

**DISCIPLINE POLICY:** Campers are expected to follow the camp rules. If a camper exhibits unacceptable behavior, redirection will be used. If the behavior continues, a separation from other campers will occur. Continued misbehavior will result in a parent conference or expulsion from the program. If a camper misses a field trip or is asked to leave camp due to unacceptable behavior, the parent/guardian will be responsible for picking up the camper. We will not provide alternate care for those unable to participate in daily camp activities. No refunds will be issued if a camper cannot participate for disciplinary reasons.

**PERMISSION TO PARTICIPATE IN FIELD TRIPS:** I allow my camper to participate in camp-sponsored activities at locations other than the camp location. I allow my camper to walk on field trips to locations close to the camp location. Activities may include swimming, field trips, etc. Activities will be guided and supervised by City of Watsonville Parks and Community Services Staff. Transportation, as applicable, will be provided by City vans or chartered buses. Parents must supply appropriate child safety seats and does not attest to the quality of them. The family agrees to hold the City harmless and agrees to assume the risk of any damage or injuries sustained due to the design of, construction of, damage to, or manufacturing defects in any parent supplied child safety seats.

**CAMPER BEHAVIOR:** I understand and accept the following: My camper agrees to abide by all camp rules and regulations. Campers are not allowed to possess or use any tobacco or smoking materials, alcohol or illegal drugs. Campers may not possess weapons of any kind. I am responsible for any expense incurred because of willful damage or destruction of property caused by my camper. Campers may not leave camp property or established boundaries without the approval of camp staff. Continued inappropriate behavior, including threatening, swearing, disobedience, teasing, spitting, harassment, intimidation or other improper behavior at any time may result in immediate expulsion from camp with no refund.

**SIGN IN/OUT PROCEDURES:** I understand that I will be required to sign in and sign out my camper each day. I will complete a Drop Off/Pick Up Authorization form and will inform staff immediately if I need to update the information on this form.

**MEDICATION:** Prescription and non-prescription medicine will **not** be administered by the City of Watsonville Parks and Community Services staff at any time.

**TRANSPORTATION RESPONSIBILITY:** I understand that I must promptly pick up my camper, at my expense, in the event that my camper is expelled from camp for behavioral or other reasons.

**REFUNDS:** 1. There will be NO refunds or substitutions for missed days due to illness or other reasons. 2. There will be NO refunds if your child is suspended or expelled from the camp. 3. There will be NO refunds for any participants who dropped out of the program for any reason or circumstance. 4. A full refund is granted if the program is canceled by the City of Watsonville Parks & Community Services Department.

\* I, the undersigned, do hereby grant permission for the City of Watsonville Parks and Community Services staff to obtain emergency medical treatment if warranted, including calling an ambulance, any physician or paramedic deemed necessary. Any expense incurred as described above will be borne by the participant's family. I accept and understand these Terms and Conditions of the camp. **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

### ACTIVE ADULT TRIPS

I understand:

\* Each participant on the trip is solely responsible for his/her behavior.

\* If a participant does not continue with a trip for any reason including, but not limited to, illness, injury, not being present at the departure time, etc., all additional incurred expenses including, but not limited to, transportation, food, lodging, medical treatment, etc. are the sole responsibility of the participant. City staff will continue with the trip and will not make any arrangements for participants who do not continue with the trip.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

### YOUTH SOCCER/BASKETBALL

\*Are you, or your spouse, interested in becoming a volunteer youth sports coach:  YES  NO

\*Cancelled games due to inclement weather or other natural disasters that may place patrons or players in peril may not be rescheduled.

\*Place me with my friend (not guaranteed): \_\_\_\_\_

**Parents Code of Ethics** -I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents' Code of Ethics.

**I will:**

\* Encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.

\* Place the emotional and physical well-being of my child ahead of my personal desire to win.

\* Insist that my child play in a safe and healthy environment.

\* Require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

\* Support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

\* Demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.

\* Remember that the game is for youth—not adults.

\* Do my very best to make youth sports fun for my child.

\* Ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

\* Read the National Standards for Youth Sports and do what I can to help all Youth Sports organizations implement and enforce them.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_