

**CITY OF SACRAMENTO**

**PRIME TIME TEEN PROGRAM APPLICATION**

Last Name:		First Name:	
Mailing Address:		City:	Zip:
Home Phone:		Alt Phone:	
Age:	Grade:	School:	
Prime Time Teen Program Location:  <p style="text-align: center;"><i><b>George Sim Community Center</b></i></p>			

EMERGENCY CONTACT INFORMATION			
Name	Address	Telephone	Relationship
1 _____	_____	_____	_____
2 _____	_____	_____	_____

**HOLD HARMLESS & MEDIA RELEASE AGREEMENT**

I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in the City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees, and agents from any and all liability for personal injury, shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or persons caused by the aforementioned. If a participant's interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

**PERMISSION FOR MEDICAL TREATMENT**

In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of the child at my expense.

**CONSENT TO PHOTOGRAPH, FILM, OR TAPE**

I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent, staff leading the program for which I am registered must be informed of and record my non-consent.

**Privacy Statement:** The information provided is accessible only by Recreation staff. Course coordinators and instructors will receive only the name, current age, address, and phone numbers of participants. Email addresses will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals except as required by law.

_____ Parent/Guardian Name print	_____ Signature	_____ Date
_____ Applicant Name print	_____ Signature	_____ Date