

Spring Classes & Camps 2018 REGISTRATION FORM

Community Classes, Programs, Camps and Activities



Go to www.smgov.net/reserve for a complete listing of activities
 Resident ONLINE registration begins January 31 • Non-Resident registration begins February 7

PRIORITY ONLINE REGISTRATION - SANTA MONICA RESIDENTS ONLY

Resident online registration for community classes begins January 31 at 6am. Registration January 31 through February 6 is ONLINE ONLY. Those that need computer access may register at a public library during regular business hours. Non-resident online registration begins February 7 at 6:00am. An account is required for all online registrations.

REGISTER ONLINE AND GET IMMEDIATE REGISTRATION CONFIRMATION

Mail-in and Drop-off Registration — Complete information on both sides of this form

Completed resident and non-resident registration received by mail or dropped off will be processed beginning February 7 according to the date and time received at each registration office. *Incomplete registrations will not be processed.*

Community Classes Office

1450 Ocean Avenue
 Santa Monica, CA 90401
 Phone: (310) 458-2239
 Fax: (310) 899-0840
 E-mail: communityclasses@smgov.net

Santa Monica Swim Center

2225 16th Street
 Santa Monica, CA 90405
 Phone: (310) 458-8700
 Fax: (310) 450-5076
 E-mail: aquatics@smgov.net

Youth Office at Reed Park

1133 7th Street
 Santa Monica, CA 90403
 Phone: (310) 458-8540
 Fax: (310) 451-3569
 E-mail: crest@smgov.net

A: Participant Information

Full Name: _____ Birthdate: _____ Age: _____
 Gender: _____ School: _____ Grade: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Main Phone: _____ Alternate: _____ Email: _____
 Special Needs/Medications/Allergies: _____
 Cultural/Ethnic Background (Optional): African American/Black Asian Hispanic/Latino White
 American Indian/Alaska Native Pacific Islander Multiple (Check all that apply) Other

B: Parent/Guardian Information

Complete if participant is under the age of 18. Leave blank if information is same as above.

Full Name: _____ Gender: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Main Phone: _____ Alternate: _____ Email: _____
 List adults over the age of 18 who are LOCAL and are authorized to pick up your child in the event that you cannot be reached during an emergency.
 Name: _____ Relationship: _____ Phone Number: _____
 Name: _____ Relationship: _____ Phone Number: _____

My child is at least 12 years of age and may sign themselves in or out at the end of the program: [] Yes [] No

C: Proof of Residency Requirement

Santa Monica residents must complete ONE of the following for residency verification purposes.

Please Check: California Driver's License # California State ID # Utility Company Account # Consular Identification Card #
 Number: _____

D: Camps, Classes & Activities

Section #	Activity Name	1st Choice Day/	2nd Choice Day/Time	3rd Choice Day/Time	Fee
Total Fees:					

ATTENTION: REVERSE SIDE MUST BE COMPLETED

Form is not complete and will not be processed until the participant or parent/guardian:
 Has read and initialed the **Waiver, Release and Assumption of Risk** on the reverse side of this form.
 Has read, signed, and dated the **Photo Release and Refund Policy** on the reverse side of this form.

TURN TO PAGE 2

E. Form of Payment

Check (Payable to *City of Santa Monica*)

Money Order

Youth Financial Assistance

To apply, call (310) 458-2239, (310) 458-8540
or (310) 458-8700

Credit Card Circle: MasterCard / Visa / Discover | AmEx

Four sets of four-digit boxes for card numbers.

Expiration Date: _____ Month _____ Year

Name (Print as it appears on the card): _____

Signature: x

If account becomes delinquent, future programming could be interrupted. If delinquent, account may be referred to a third party collection agency.

PARTICIPANT/GUARDIAN WAIVER • REFUNDS • PHOTO RELEASE

Waiver, Release and Assumption of Risk

In consideration of the applicant’s participation in the activity(ies) for which I am registering, I waive and release all claims for damages from death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that leaders of the activity(ies) deem necessary.

INITIAL HERE: _____

Refund Policy

COMMUNITY CLASSES, COMMUNITY AQUATICS, CREST SPORTS, AND CREST ENRICHMENT: A \$15.00 processing fee applies for each activity session refunded. Request must be made in writing to the program supervisor in person or by fax, mail, or email. Refunds will be issued only if requested within one day after the first class meeting.

CREST CLUB, HOMEWORK CLUB, AM CARE, LATE START DAY AM CARE, PM EXTENDED CARE: Withdrawal of a child from the CREST Program requires that the Site Coordinator be notified in writing at least one month prior to the withdrawal. Fees are not prorated. Returning participants will be charged the \$50.00 registration fee.

CAMPS: Refunds will be issued with medical documentation or if requested at least 5 calendar days prior to the first meeting. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing to the Program Supervisor in person or by fax, mail or email.

WORKSHOPS AND INDIVIDUAL CLASSES: Registration and material fees are nonrefundable.

REFUNDS FOR DUPLICATE/MULTIPLE ENROLLMENTS resulting from multiple registration submissions (at one or more offices or via online registration) will be subject to a \$15.00 processing fee for each activity session refunded.

Photo Release

I hereby consent to the photographing, recording and reproduction in any manner (including use of video and audiotapes) of the likeness, voice, and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including but not limited to broadcasting of the reproduction over radio, television, and on the internet. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees from any claims.

Anyone who does not wish to consent to the Photo Release provision should call Community Classes Office at (310) 458-2239.

Authorization

By signing below, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes, camps, programs and activities.

Signature _____ Print Name _____ Date _____

FOR OFFICE USE ONLY
Date _____ Check # _____ Receipt # _____



**City of Santa Monica
Human Services Division, C.R.E.S.T. Programs
Code of Conduct**



CREST is dedicated to cultivating an environment that promotes and encourages positive youth character development. Use of profanity, demeaning language, and/or behavior that is perceived as aggressive or threatening to participants, spectators, or staff is unacceptable in any program area. Adults affiliated with a child participant exhibiting these behaviors may be asked to leave the program area and their child participant could be subject to withdrawal from the program.

Policy:

- Upon the first occurrence, a CREST program representative will immediately speak with the individual exhibiting the unacceptable behavior. The policy will be reviewed and the occurrence will be documented and logged.
- Upon the second occurrence, the CREST program representative will escort the individual away from the program area. The second occurrence will be documented and logged.
- Upon the third occurrence, the CREST program representative will remind the parent of the policy and their child participant will be subject to withdrawal from CREST program(s). The third occurrence will be documented and logged.
- Parent or guardian will be contacted and provided with documentation about the consequences of program disruption.
- Program fees will not be refunded.
- When necessary, City staff will call the Santa Monica Police Department for the safety of children, spectators and staff.

By signing, I acknowledge that I have read the information above. I understand and agree to the terms and conditions of participation in City of Santa Monica community classes/camps/programs/activities.

Child Participant's Full Name: _____

Adult Name: _____ Signature: _____ Date: _____

Adult Name: _____ Signature: _____ Date: _____

Adult Name: _____ Signature: _____ Date: _____