

City of Coronado Recreation Department's 2017-2018

**Teen Event Guidelines**

**Teen to initial each line:**

- \_\_\_\_\_ I am in 6<sup>th</sup> – 8<sup>th</sup> grade
- \_\_\_\_\_ I agree if I am under the influence of illicit drugs or alcohol while attending a teen event, I will be permanently suspended from all Teen Events.
- \_\_\_\_\_ I agree to clean up after myself (including food wrappers, drinks, etc).
- \_\_\_\_\_ I agree not to enter areas of the facility that are restricted during an event & that I will not bring food or beverages into areas or rooms that are food restricted.
- \_\_\_\_\_ I understand that I am required to show respect towards the facility, staff, visitors and my peers at all times. I understand that in return, recreation staff will be respectful towards me.
- \_\_\_\_\_ I understand that "freak dancing," pushing, shoving, running, name calling, sliding, horseplay, and inappropriate language are NOT ALLOWED.
- \_\_\_\_\_ I agree to wear clothes that are appropriate attire to attend a teen event. This includes wearing rubber non-black soled shoes for events in the gym.
- \_\_\_\_\_ I understand that the City of Coronado will follow a "zero tolerance" policy when there is a failure to follow any of the above guidelines. The consequence of not following the guidelines will result in my dismissal from the event without a refund. I understand that depending on the severity of the incident, I may be suspended from the program or even from the facility (length of suspension to be determined by the Recreation Coordinator or Supervisor).

**Parent/guardian to initial each line:**

- \_\_\_\_\_ I understand that my child may have access up to PG-13 rated movies and rated (T) for Teen video games.
- \_\_\_\_\_ I agree to update staff in a timely manner of phone number or address changes.
- \_\_\_\_\_ I understand that my child will be held accountable to follow the Teen Event Guidelines listed above and that failure to comply will result in me being contacted to pick my child up immediately and that a refund will NOT be given. Also depending on the severity of the incident at a teen event, my child may be suspended from future programs.
- \_\_\_\_\_ I understand that the City of Coronado Recreation Department will contact me if my child requests to leave early from a teen event
- \_\_\_\_\_ **I give my child permission to leave at the end of teen events on their own without being signed out by an adult.** If this permission is not given, I am responsible to provide transportation immediately upon the conclusion of a teen event.

**\*This form applies to all teen events offered by the City of Coronado Recreation Department, effective through the 2017-2018 school year.**

\_\_\_\_\_ *Print Parent's Name*

\_\_\_\_\_ *Parent's Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Print Teen's Name*

\_\_\_\_\_ *Teen's Signature*

\_\_\_\_\_ *Date*

**FOR THIS FORM TO BE COMPLETE PARENTS MUST ALSO  
FILL OUT THE PARTICIPANT INFORMATION FORM**



**CITY OF CORONADO**  
 RECREATION ACTIVITY REGISTRATION FORM  
**PARTICIPANT INFORMATION FORM**

**Personal Information**

Child's Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**Emergency/Medical Information**

Please list an emergency contact in the event that neither parent can be reached.  
 Emergency Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Does your child have any allergies or special needs that we need to be aware of?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Does your child take medications?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pick Up Permission**

The following people have permission to pick up my child (in addition to parents/legal guardians):  
 Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**AUTHORIZATION OF TREATMENT OF A MINOR AND HOLD HARMLESS**

This form signed by you authorizes emergency medical treatment for a minor child in case of necessity. Should it be necessary for you to be away from home it can authorize the City of Coronado to act for you. (I)(We) the undersigned, parent(s) or legal guardian of the above child, a minor, do hereby authorize THE CITY OF CORONADO and/or any California Hospital as agents for the undersigned to consent, in advance of any specific diagnosis, to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any California Hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California, and shall remain effective until revoked in writing by parent/guardian. I will not hold the City of Coronado responsible for any damage arising from any injury that might be received while participating in activities of the City of Coronado Recreation Department.

**Signature:** \_\_\_\_\_  
 Signature of Participating Adult, Parent or Guardian Date

**Printed Name:** \_\_\_\_\_  
 Name of Participating Adult, Parent or Guardian Date

**NAME AND LIKENESS RELEASE**

In further consideration of participation in the City of Coronado Recreation Programs, I agree that the City of Coronado and its officers, agents, or employees may use my appearance, name, and likeness in connection with my participation in any City of Coronado publication, including news release, without my prior consent. I further agree that I am not entitled to any compensation for such use of my appearance, name, and likeness.

**Signature:** \_\_\_\_\_  
 Signature of Participating Adult, Parent or Guardian Date