



Summer  Winter  Spring  Fall

Year: \_\_\_\_\_

Processed by: \_\_\_\_\_ \*OFFICE USE ONLY

# Newhall Community Center

## Activity and Health History Form Ages 13-17

**Authorized to pick up and *obtain/change registration information: (MUST BE AN ADULT)***

<b>Parent/Guardian Name(s)</b>	1. LAST	FIRST
	2. LAST	FIRST
	ADDRESS	CITY, ZIP Code
	HOME	CELL
	HOME	CELL
	PHONE AND EMAIL	EMAIL

Participant First and Last Name	Age	Gender	*Medication required? Y/N	**Allergies (see note below)

Emergency Contact Information and persons <i>authorized to pick up my child:</i> (Must be at least 16 years of age.)	Phone	Relationship

\*Any medications taken by your child must be brought in the original prescription container and a separate form must be completed. Staff cannot administer medication. You child needs to be able take the medication on their own.

\*\*Allergies: Please list and describe the severity of the reaction (medication, seasonal, food, etc.) for each participant above.

Health Information (held in confidence and kept on file or carried by program coordinator on field trips):

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If your child has any special need that requires support or accommodations so your child can fully enjoy the program, please contact Inclusion Services at (661) 290-2296, or [inclusionservices@santa-clarita.com](mailto:inclusionservices@santa-clarita.com). Requests for inclusion services require a minimum of 10 business days not including weekend and holidays.

I acknowledge that I have read the parent handbook and Code of Conduct and agree to adhere to the policies and procedures outlined. \_\_\_\_\_ (initial)

I understand that my child may be participating in field trips. I hereby authorize my child to participate in these activities. \_\_\_\_\_ (initial)

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## Sign In & Out Authorization Form

Teen participants may check themselves in and out of the program/Community Center by swiping their membership card in and out at the front counter. Program staff provides no supervision to participants when participants are checked out of the Program/Center. **I hereby request the City of Santa Clarita allow my child/teen to check themselves in and out from the program and the Newhall Community Center.**

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Program Location: \_\_\_\_\_

**WAIVER:** I hereby grant permission for my child/teen to check him/herself out of the program/Center and to leave the program without the guidance or supervision of an authorized adult.

I understand and agree that the City of Santa Clarita will not assume any responsibility or liability for my child once he/she has checked themselves out of the program/Center. I forever hold harmless the City of Santa Clarita and it's elected and appointed officials, agents and employees from any claim, demand, action, lawsuits, damages, or judgments arising or resulting from any personal injuries including death, or personal property damages that my child/teen may sustain or cause once he/she has left the program and/or facility, thereby indicating to program staff that he/she is no longer participating in an activity sponsored by the City of Santa Clarita.

By signing this form, I confirm I have read and understand the waiver and authorize my child/teen (listed above) to check themselves in and out and leave the program without an adult and without supervision.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child/Teen Name

\_\_\_\_\_  
Child/Teen Signature

\_\_\_\_\_  
Date