



County of San Diego

DEPARTMENT OF PARKS AND RECREATION

RENÉE E. BAHL
DIRECTOR

Administrative Office: (858) 966-1300
Fax: (858) 495-5841
Reservations: (858) 565-3600

www.sdparks.org



Spring Valley REC Club
838 Kempton Street, Spring Valley, CA 91977
Phone: (619) 667-6835
Free after school program for ages 10-17.

MEMBERSHIP APPLICATION

Name: _____

Address:		First	Last
		Number	Street
		Apartment Number	
		City	State
		Zip Code	

Parent's Name: _____

Home Phone Number: _____

Child's Date of Birth: _____ Age: _____

Gender: Male Female

Ethnicity:

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native AND White
- Asian AND White
- Asian AND Pacific Islander
- Black/African American AND White
- American Indian/Alaska Native AND Black/African American
- Other Multi Racial

Total Household Income:

- Below \$39,300
- \$39,301 - \$44,900
- \$44,901 - \$50,550
- \$50,551 - \$56,150
- \$56,151 - \$60,650
- \$60,651 - \$65,150
- \$65,151 - \$69,650
- \$69,651 - \$74,100
- Over \$74,100

Check only if ALSO Hispanic:

Total number in household? _____

Which school do you attend?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Mt. Miguel High | <input type="checkbox"/> Monte Vista High | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> La Presa Middle | <input type="checkbox"/> Spring Valley Middle | <input type="checkbox"/> Summit |
| <input type="checkbox"/> Other (please specify) | _____ | |

Current Grade: (please circle one)

12 11 10 9 8 7 6 5



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HONOR CODE

In order to provide a safe and high quality environment for all REC Club members, the following rules must be applied. Your signature below means you understand and will abide by these rules.

- No drugs, tobacco, alcohol, or paraphernalia of any kind will be tolerated
- No Weapons
- Violence of any form is not allowed
- No vandalism or stealing
- Dress appropriately. Gang affiliated items are not allowed
- No inappropriate contact including: making out, groping, sitting in each others lap, etc.
- Treat all staff, equipment, members and their property with respect
- Keep language positive
- Honor all cultures & people
- Clean up after yourself
- Help keep the REC Club a positive, safe & fun environment!
- Take the appropriate route to the REC Club (Do not walk through La Presa Middle or Kempton Elementary during school hours)

The REC Club Pledge

“I Pledge to respect myself and others...”

I _____ understand the REC Club Honor Code and pledge to do my best to follow the expectations set for me.





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Spring Valley REC Club EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT

Participants Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Legal Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Additional persons who may be contacted in the event of an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician to be contacted in an emergency: _____

Does your child have health insurance: Yes No

If not, can someone contact you to provide insurance information? Yes No

Program: All Spring Valley REC Club activities (fitness, dance, arts and crafts, field trips, sports, etc)

Does the participant have any medical condition, including allergies to food or medicine, or any physical condition that would increase the risk to the participant's health if he/she participates in this Program? Yes No

If yes, describe condition(s): _____

MEDICAL TREATMENT: If a medical emergency occurs, the Emergency Medical Service Provider will transport the participant to the nearest hospital that can provide the necessary emergency care. Your signature below:

1. Authorizes County staff to authorize medical treatment to be provided to the participant listed above as may be deemed necessary and appropriate; and
2. Confirms that the statements on this form are true and correct to the best of your knowledge.

Signature of Parent or Guardian

Date



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Spring Valley REC Club RELEASE

THIS IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.

1. In consideration of being allowed to participate in all Rec Club, Spring Valley activities including, but not limited to, fitness, dance, sports, arts and crafts, etc. ("Activities"), I freely make the following contractual representations and agreements:

2. I hereby waive, release and discharge for myself, my heirs, legal representatives, next of kin, executors, administrators, assignees, and successors in interest (collectively referred to as "Successors") **any and all rights and claims for damages**, injuries (including death), expenses or costs of any kind (collectively referred to as "Claims") which I have now or may acquire in the future that are directly or indirectly related to my participation in the Activities, **against the County of San Diego** and its agents, officials, employees, volunteers and contractors, (collectively referred to as the "Released Parties"). The waived, released and discharged Claims include claims arising from the Released Parties' own active or passive negligence.

3. I acknowledge that the Activities are recreational, that I am not required to participate in them, but that I want to participate and do so voluntarily.

4. I hereby agree to indemnify the Released Parties from any and all liability for all damages including personal injury, death, disability, property damage or other loss, to any third party resulting from or related to my participation in the Activities.

5. I have no physical or medical condition that, to my knowledge, would endanger me or others if I participate in any of the Activities.

6. I agree for myself and Successors that the above **representations are contractually binding** and are not mere recitals, and that if I or my Successors assert a claim in contravention of this Agreement, the asserting party shall be liable for all expenses (including attorneys' fees and court costs) incurred by the other party or parties to defend that claim,



unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This Agreement may not be modified orally. Waiver of any provision shall not be construed as a waiver or modification of any other provision of this agreement. Every term and provision of this Agreement is severable. If one or more provision is found to be unenforceable or invalid, the remaining terms and provisions shall remain binding and enforceable.

7. I authorize the County of San Diego or its contractor, to provide such medical treatment to the Participant listed below as may be deemed necessary or appropriate if I am injured while participating in any of the Activities.

8. I am not relying on any promises, statements, inducements or representations, oral or written, outside of this Agreement with respect to the subject matter of this Agreement.

The undersigned has read, understands and voluntarily signs this release agreement.

Participants Name: _____

Age: _____ **Participants Date of Birth:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Whom to notify in case of emergency: _____

Phone: _____

CONSENT AND RELEASE OF PARENT OR GUARDIAN

If I am under 18 years old, my parent or legal guardian and I hereby certify that I am under 18 years old. We have read and understand this entire Agreement and its terms. We understand that by signing this Agreement, we assume all risks and waive and release certain rights that the Participant and his or her heirs, next of kin, family, relatives, guardians, executors, administrators, trustees and assigns may have against the County of San Diego. As the parent or guardian of the above named minor, I hereby give permission for my child or ward to participate in the Activities. I further agree, individually and on behalf of my child or ward, to all of the terms stated above.

Signature of Parent or Guardian

Date



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Spring Valley REC Club PHOTO RELEASE FORM

The County of San Diego, Department of Parks and Recreation (the Department) promotes recreation programs in various newspapers using articles, advertisements and photographs. The Department also maintains a website and has been asked to be part of the County Critical Hours Brochure and Website.

For just and sufficient consideration, the receipt of which is hereby acknowledged, the individual named below:

1. Irrevocably grants to the County of San Diego the right to photograph him or her and the right to use the photographs in any way of promotion, advertising or news reporting;
2. Waives the right to any fee or other compensation for, or control of, the photographs, now and in the future; and
3. Authorize the County of San Diego to use his or her name, likeness and/or biography to publicize, advertise and/or promote the Department or any of its programs.

The person who signs below acknowledges that this release is legally binding and that he or she signs voluntarily.

Name of Participant: _____

Address: _____

Phone: _____

Signature of Parent/Guardian: _____
(if Participant is younger than 18)



**Harmonium, Inc. East County
CONFIDENTIALITY POLICY AND AUTHORIZATION TO
RELEASE CONFIDENTIAL INFORMATION**

CONFIDENTIALITY POLICY

Your child has been referred to Harmonium, Inc. counseling support services by _____ Spring Valley REC Club _____ to receive free group and/or individual counseling at the Spring Valley REC Club.

We request your permission to provide free counseling services to your child. Your child's participation is voluntary and by signing this permission slip does not guarantee your child will participate.

All records of your child's participation in counseling are kept confidential and may not be revealed to anyone outside of Harmonium, Inc. without parent/guardian written permission except where disclosure is required or permitted by law (see below). Information will also be shared with the clinical supervisor. By signing below you further acknowledge that you have been informed of the "Notice of Privacy Practices" which pertains to how medical information about you and your child may be used and disclosed and how you can get access to this information. You may view this document at www.harmonium-inc.org or ask the counselor for a copy.

California law establishes that the counselor is obligated to break confidentiality in the following situations:

- The counselor believes the client may be a danger to self, another, or another's property, and disclosure is necessary to prevent that danger. In the case of danger to another, the counselor is required to notify the police and take reasonable steps to warn the intended victim.
- There is reasonable suspicion of actual or potential child neglect or abuse (sexual, emotional, physical) in which case the counselor is required to contact the Child Welfare Services.
- There is reasonable suspicion a child has witnessed domestic violence, in which case the counselor is required to contact the Child Welfare Services.
- Parents and guardian's legal right to know their child's progress.
- There is a valid court order (i.e. Legal Subpoena) issued for a client's file.
- The client/parent/guardian files a suit or complaint against the counselor or Harmonium, Inc. related to services provided.

If you have any questions or concerns, please contact Krissy Buxton, Harmonium Intake Worker at 619-258-3740 ext 276.

CONSENT TO PARTICIPATE

I, _____, do hereby give consent for my child, _____ to be seen for free supportive counseling services held during regular REC Club hours. I understand the aforementioned limits of confidentiality. I would like to be informed of any concerns about my child in the following area(s):

Student Signature _____

Date Signed _____

Parent or Authorized Party for the Minor _____

Date Signed _____

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby give permission for a mutual exchange of information between REC Club staff and Harmonium, Inc.'s East County counselor assigned to the REC Club. The disclosure of information authorized by this consent is required for the purpose of evaluation and counseling. Such disclosure shall be limited to the following information: Obtaining and exchanging information in regards to the counseling process, specifically working successfully toward therapeutic goals.

It is understood that I may withdraw my consent at any time. This authorization will remain valid for one year from the date below.

Student Signature _____

Date Signed _____

Parent or Authorized Party for the Minor _____

Date Signed _____