



County of San Diego

DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT
DIRECTOR

Administrative Office: (858) 694-3030
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 drop in/out teen center 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?

- | | | |
|----------------------------|--------------------------|----------------|
| [] Mt. Miguel High | [] Monte Vista High | [] Elementary |
| [] La Presa Middle | [] Spring Valley Middle | [] Summit |
| [] Other (please specify) | _____ | |

Current Grade: (please circle one)

12 11 10 9 8 7 6 5



County of San Diego

DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT
DIRECTOR

Administrative Office: (858) 694-3030
Fax: (858) 495-5841
Reservations: (858) 565-3600

www.sdparks.org



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.





County of San Diego

DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT
DIRECTOR

Administrative Office: (858) 694-3030
Fax: (858) 495-5841
Reservations: (858) 565-3600

www.sdparks.org

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: _____

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





County of San Diego

DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT
DIRECTOR

Administrative Office: (858) 694-3030
Fax: (858) 495-5841
Reservations: (858) 565-3600

www.sdparks.org

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



County of San Diego

DEPARTMENT OF PARKS AND RECREATION

BRIAN ALBRIGHT
DIRECTOR

Administrative Office: (858) 694-3030
Fax: (858) 495-5841
Reservations: (858) 565-3600

www.sdparks.org

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)

