



City of Pacifica J-Teen Afterschool at Cabrillo School Portable 1 Building

J-Teen Afterschool is a fun place where for teens grades 6-8, can feel at home, bond with their peers in a place just for them! Daily snack is provided as well as a broad range of activities that may include arts & crafts, sports, games, music, and local field trips off-site. Program is run by qualified caring recreation staff that can also help with homework when necessary. All Pacifica teens are welcome. At this time, transportation is not provided from other schools.

Where: Cabrillo School, Portable 1
When: Mon, Tues, Thurs, Fri 3:00-5:30pm,
Wed 1:45 – 4:15pm
Who: Pacifica Teens in Grades 6-8
Program Monday, September 9, 2016 –
Friday, May 19, 2017*
Cost: \$175 for entire school year
Activities: Daily Snack, Games, Arts & Crafts, Homework Help, Music, Local Field Trips off-site (additional small fee may apply), Sports, Wii, and time to hang out with friends.



*Please note the J-Teen Afterschool program will be closed on the following dates:

- Thursday, October 13
- Friday, October 14
- Friday, November 11
- Monday-Friday, November 18-25
- Friday, December 2
- Monday-Friday, December 16-23
- Monday-Friday, Dec. 26-Dec. 30
- Monday, January 2
- Monday, January 16
- Monday-Friday, February 17-24
- Monday, March 13
- Monday-Friday, April 10-17
- Wednesday, April 19
- Wednesday, May 3

For more information, please call Michael Moran @ 738-7376 or moranm@ci.pacifica.ca.us

PARTICIPANT NAME	BIRTHDATE	AGE	MALE/FEMALE	HOME PHONE
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GUARDIAN NAME	CONTACT NUMBER	E-MAIL
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PROGRAM	LOCATION	DATES/TIMES
Cabrillo After-School Program	Cabrillo portable #1	School days 3—5:30 PM, 1:45-4:15 PM on Weds* (Please note closures)

RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF THE RISK

I understand that the activity(ies) for which I am registering, including, but not limited to, any class, program or event "Activity(ies)" provided in connection with the City of Pacifica can be dangerous and involves the risk of injury, property damage or death. Despite the risk involved and in consideration of the right to participate, I voluntarily agree to expressly assume any and all risk of injury, property damage, or death which might be associated with participation in the Activity(ies), and use of any facilities belonging to the City of Pacifica.

I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend the City of Pacifica, its officers, employees, and agents ("City") against any and all liability, claims, losses, damages, lawsuits or expenses, including reasonable attorneys' fees, arising in connection with my participation in Activity(ies). I agree to the use of my name and/or photo for City publicity. I agree in case of emergency City may administer CPR or arrange for medical transport. I agree the City is not responsible for lost or stolen items. I agree the City may deny me permission to participate in Activity(ies).

PARENTAL/LEGAL GUARDIAN CONSENT:

I give consent for my son/daughter to participate in the Activity(ies), and I execute the above Release on his/her behalf. I have read and understood the registration form; liability release and parental consent form, and agree to all their terms and conditions.

Parent/Guardian Name: _____
Please print clearly

Parent/Guardian Signature _____ Date ____/____/____

Consent for Release of Information

My signature below will constitute my consent for the release and exchange of pertinent educational records relative to my child between **Cabrillo School** and the City of Pacifica After School J-Teen Program. I understand that the records released will be kept confidential by the receiving person or agency and used for professional purposes disclosed to me. I further understand that as parent or legal guardian I have the right to review my child's records and to withhold (not send) any records which I don't wish forwarded to the above person, school, or agency.

Parent/Guardian Signature _____ Date ____/____/____

PARTICIPANT EMERGENCY & IDENTIFICATION INFORMATION

PART ONE: INFORMATION

Participants Full Name _____ Birth date ___/___/___ Age ___ Grade ___

Address _____ Home Phone (_____) _____ - _____

Parent/Guardian 1 Name _____ Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Email _____

Parent/Guardian 2 Name _____ Phone if different (_____) _____ - _____

Work Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Email _____

PART TWO: ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY:

Name	Address	Phone	Relationship
_____	_____	(_____) _____ - _____	_____
_____	_____	(_____) _____ - _____	_____
_____	_____	(_____) _____ - _____	_____

PART THREE: PHYSICIAN TO BE CALLED IN EMERGENCY:

Physician Name _____ Phone (_____) _____ - _____

Address _____

If Physician cannot be reached, what action should be taken? _____

PART FOUR: MEDICAL INFORMATION:

Medical Insurance Provider Name _____ Medical Number _____

Insurance Phone Number (_____) _____ - _____ Preferred Hospital _____

PART FIVE: ALLERGIES OR OTHER MEDICAL LIMITATIONS:

PART SIX: MEDICAL TREATMENT PERMISSION:

Permission for Medical Treatment and Liability Waiver / Assumption of the Risk In case of an accident or emergency, I authorize a staff member of the City of Pacifica to take my child to an above named physician or to the nearest emergency hospital for such emergency medical care prescribed by a duly licensed physician (M.D.) as deemed to preserve life, limb or well being of the child, at my expense. I know of no Physical disorder which should keep me or my child from participation in this program. I agree to indemnify, defend and hold City of Pacifica and any officer, agent and/or employee thereof ("City") harmless from any claim, liability, damages or lawsuit for a personal injury, property damage or death to my child or myself or any heirs arising out of or in any way connected with the selected activity. I agree to assume all risk of injury to myself or my child in connection with the activity. I grant the City of Pacifica and its employee's permission to photograph my child and use these photographs with or without my child's name and for any purpose. The City is not responsible for lost or stolen goods. The City may deny me/my child permission to participate.

PART SEVEN: FIELD TRIP CONSENT:

I hereby irrevocably consent to allow my child to participate in all trips away from City of Pacifica Programs. I understand that I will be notified whenever my child is off campus.

Parent/Guardian Signature _____ Date ___/___/___