

**Manteca Recreation & Community Services**  
**Activity Registration Form**

252 Magnolia Avenue, Manteca, CA 95337  
 Phone (209) 456-8600 • Fax (209) 923-8954  
 recreation@mantecagov.com • www.mantecagov.com/recreation

Participant's First and Last Name	M/F	Birthdate	Grade	Activity #	Activity Name	Shirt Size*	Fee
							\$
							\$
							\$
							\$
<b>Late registration fee (applies if registration is received after the specified deadline for the activity)</b>							(\$ 5.00)
<b>City of Manteca Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			I would like to contribute to the Youth Scholarship Fund				(\$ 1.00)
<b>*T-Shirt Sizes:</b> Youth: XS S M L Adult: S M L XL						<b>Total fees</b>	\$

<b>Household / Primary Adult Contact</b>			
First & Last Name			Relationship to Participant/s
Street Address			City, State, Zip
Home Phone			Work Phone
Cell Phone			Email

**Method of Payment:**

Cash  Check (payable to City of Manteca)  Visa  MasterCard (Provide credit card information below)

Cardholder Name (print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_ / \_\_\_\_\_ CVC \_\_\_\_\_

**LIABILITY:** I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage, which I, my heirs, or my assignees, may have, or which accrue to me, against the City of Manteca ("the City") as a result of my participation in this event or activity in consideration thereof. This release discharges the City, its elected and appointed officials, officers, employees, agents, volunteers from and against any and all liability arising out of or connected with my participation in any way, even if said liability arises out of the negligence of persons or entities mentioned above. Further, I understand and agree that, by participating in this event, I assume the risk of accident and injury that may arise out of the event and release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs, or assigns for damages and understand and agreed this waiver, release, and assumption of risk is binding on my heirs and assigns.

**PHOTO WAIVER:** The Recreation and Community Services Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. I therefore understand and agree that my participation in this event or activity is an express consent to be, or have my child(ren), photographed and have my, or my child (ren)'s, image used as outlined herein and understand and agree the liability waiver, above, applies equally to this agreement and waiver. Further, I understand and agree that any refusal to be photographed or to allow my child(ren) to be photographed constitutes sufficient grounds for the City, in its sole discretion, to revoke its permission for me or my child(ren) to participate in this event or activity.

**ONLINE OR VIRTUAL CLASSES:** By participating in online or virtual classes, I accept full responsibility for my own safety and well-being and acknowledge that, whether participating live or watching video re-plays, I need to take care of my own body and stay attuned to my personal needs and am performing any fitness exercises at my own risk. I understand and agree the City will not be responsible or liable for any injury or harm I sustain as a result of my participation in these classes, whether live, streaming online, or video. I further understand and agree that, to reduce or avoid injury, I should check with my doctor before beginning any fitness program and, if I experience faintness, dizziness, pain, or shortness of breath, I should stop immediately and call for help.

**ASSEMBLY BILL 2007 (Concussion-Related Injuries):** I understand that Manteca Recreation and Community Services department has adopted concussion-related education, awareness, and protocols. Further, I acknowledge that I have been provided links and/or informational sheets about concussion-related injuries to discuss with my child. Finally, I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after a concussion or head injury.

By signing below, I hereby acknowledge and consent to the above waivers and acknowledgments in full.

Participant Signature (REQUIRED)  
 (If under 18, signature of parent or guardian)

Date

<b>OFFICE USE ONLY:</b>					
Cash: _____	Check: _____	Credit: _____	Memo: _____	Receipt #: _____	By: _____

**Manteca Department of Recreation and Community Services**  
**COVID-19 Attestation, Risk and Liability Waiver**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Manteca Recreation and Community Services Department "MRCSD" has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, MRCSD cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)'s risk of contracting COVID-19.

By signing below, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending a MRCSD program, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I further understand that the risk of becoming exposed to or infected by COVID-19 at a MRCSD program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MRCSD employees, volunteers, and program participants and their families.

By participating in this program and signing this form, I attest that:

- \* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* I have not traveled internationally within the last 14 days.
- \* I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- \* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- \* I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- \* I am following all California, County of San Joaquin, and/or CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- \* I will not participate in any programs if I develop or have any of the symptoms mentioned above.

I hereby release, indemnify, and agree to hold the City of Manteca harmless from, and waive on behalf of myself, my heirs, my assignees, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act, or that may otherwise arise in any way in connection with any services received from the City of Manteca. I understand that this release discharges the City of Manteca from any liability or claim that I, my heirs, my assignees, or any personal representatives may have against the City with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from the City of Manteca. This liability waiver and release extends to the City together with all officers, officials, agents, partners, and employees.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Print Name of Participant(s)