



Community Life and Culture

Armstrong Center
 1265 S. Palmetto Ave., Ontario, CA 91762
 909-395-2020

Youth Activities League Application

STEP #1 – PARENT MUST COMPLETE CHILD INFORMATION

FIRST NAME:	MIDDLE NAME	LAST NAME	DATE OF BIRTH	GENDER
				<input type="radio"/> MALE
				<input type="radio"/> FEMALE

PRIMARY HOME AND CONTACT INFORMATION

ADDRESS:	CITY:	ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()	
EMAIL ADDRESS:	ALLERGIES:	
SCHOOL NAME:	GRADE:	

STEP #2 – PRIMARY PARENT OR GUARDIAN INFORMATION EMERGENCY CONTACT

FIRST NAME:	MIDDLE NAME	LAST NAME	DATE OF BIRTH	GENDER
				<input type="radio"/> MALE
				<input type="radio"/> FEMALE

PRIMARY HOME AND CONTACT INFORMATION

ADDRESS:	CITY:	ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()	
EMAIL ADDRESS:	WORK PHONE: ()	
EMPLOYER:		

PROGRAMS AND ACTIVITIES INTERESTED IN:

<input type="checkbox"/>	ARCHERY	<input type="checkbox"/>	BOWLING	<input type="checkbox"/>	COMPUTERS	<input type="checkbox"/>	HIKING
<input type="checkbox"/>	ATHLETIC EVENTS	<input type="checkbox"/>	STEM	<input type="checkbox"/>	FESTIVALS	<input type="checkbox"/>	KAYAKING
<input type="checkbox"/>	BASEBALL	<input type="checkbox"/>	SOCCER	<input type="checkbox"/>	MUSEUMS	<input type="checkbox"/>	ZIP-LINING
<input type="checkbox"/>	BASKETBALL	<input type="checkbox"/>	AVIATION	<input type="checkbox"/>	HORSEBACK RIDING	<input type="checkbox"/>	OTHER _____

STEP #3 – WAIVER FORM

I HEREBY GIVE MY PERMISSION FOR _____ ("PARTICIPANT") TO BE TRANSPORTED TO AND FROM, AND TO PARTICIPATE IN THIS EXCURSION SPONSORED BY THE CITY OF ONTARIO RECREATION & COMMUNITY SERVICES DEPARTMENT. I FULLY UNDERSTAND SUPERVISION WILL BE PROVIDED BY RECREATION & COMMUNITY SERVICES STAFF AND VOLUNTEERS. I CERTIFY THAT PARTICIPANT IS IN GOOD HEALTH.

In consideration of participation in said Program offered by the Community Life and Culture Agency of the City of Ontario ("City"), the below signed agree to defend (with counsel reasonably approved by the City), indemnify, and hold the City, City Council, members of the City Council, its employees, authorized volunteers, agents, promoters, sponsors, and other involved municipalities or public entities harmless from, and hereby waive, release, and discharge the above-named persons or entities from, any and all causes of action, claims, demands, liabilities, suits, proceedings, obligations, awards, decrees, settlements, loss, judgments, or damages or injury of any kind, in law or equity, to property or persons, including wrongful death, and including reasonable attorneys' fees and costs of litigation (collectively, "claims") which may have, or which may hereafter occur to me or said participant, as a result of my or his/her participation in said Activities.

I understand that accidents and injuries can arise from participation in these Activities. Knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of participant, myself, my heirs, and assigns to release and hold harmless all of the person or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns, for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns, and that the City, City Council, members of the City Council, its employees, authorized volunteers, agents, promoters, sponsors, and other involved municipalities or public entities are not responsible for the personal property of the participants in the Activities.

I give permission for any medical care that the Activities leaders deem necessary. Additionally, the below signed give permission to the City of Ontario to be photographed or videotaped and to use such photos or vides in the promotion of City sponsored activities.

I have read, understand, and agree to, the above Center Rules ("Rules"), and the Liability Release. I also understand that violating such Rules may result in losing Center privileges and/or permanent expulsion from the Center.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PROVIDE A ONE-PAGE ESSAY ON A CHALLENGE THAT YOU HAVE FACED. DESCRIBE HOW THIS CHALLENGE AFFECTED YOU AND WHAT YOU DID TO OVERCOME THE CHALLENGE.