

## After School at The Manuel-Registration and Emergency Form

### School Year 2024-2025 & Summer 2025

**Location:** Manuel F. Hernandez Community Center – 247 W Ferguson Ave  
**Days:** Monday – Saturday  
*Closed on holidays*

**Hours: Open** VUSD School Year 2:30 P.M.  
 VUSD School Breaks 10 A.M.  
 VUSD Minimum Days 12:30 P.M.  
 Saturdays 10 A.M. – 5:00 P.M.  
**Close** April – October 5:30 P.M.  
 November – March 5:00 P.M.

**Grades:** Enrolled in Kindergarten – 12<sup>th</sup> (Ages 5-17. Participants in 9<sup>th</sup> – 12<sup>th</sup> grade must show current school I.D)

**Complete one form for each participant**  
**Must be completed and on-file at program in order for participant to attend**

**School Site:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_  
Last First Middle

**Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Transportation to/from program** (Check all that apply):

Crowley School Walking Program: \_\_\_\_\_ Walk on their own: \_\_\_\_\_ Parent/Guardian Pick-Up: \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Emergency Contacts (other than parent/guardian):** In the case of an emergency staff will first contact a parent/guardian listed above. If a parent/guardian cannot be reached a person listed below will be contacted.

Name	Work Phone	Cell Phone	Relationship to Participant

**Basic Medical Information**

Medical/Behavior conditions (allergies, epilepsy, asthma, ADHD, etc.): \_\_\_\_\_

Participant's Name: \_\_\_\_\_

**CONSENT TO TREAT A MINOR**

I authorize the City of Visalia Parks & Recreation Department authorities to seek necessary medical treatment at a hospital or other medical facility. I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at the City of Visalia MHCC DROP-IN Program. I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of said minor. I acknowledge that no warranty is being made as to the results of any treatment. I understand that I am responsible for all medical expenses resulting from the emergency or treatment. I the undersigned parent and natural, or legal, guardian of said minor do hereby represent that I am in fact, in such capacity and agree to save and hold harmless and indemnify the City of Visalia and its directors, officers, employees, medical technicians, paramedics. Nurses, hospitals, or other medical facilities from all liability, loss, cost, claim or damage whatsoever which may impose upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both of the undersigned.

**CITY OF VISALIA - RELEASE OF LIABILITY & INDEMNITY AGREEMENT**

In consideration of the benefits provided by the City of Visalia, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make claim against or sue the City of Visalia, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness, or other acts, howsoever caused by the City of Visalia, or any of its officers, agents, employees, or volunteers as a result of my participation in the program, event, or activity set forth above. I have reviewed the description of the program, event, or activity and assume full responsibility for property damage, bodily injury, or even death that may occur due to my participation. In addition, I hereby release the City of Visalia, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have, or may hereafter at any time have for injury or damage: (1) resulting from the condition of any improved facility which has been reasonably maintained; (2) resulting from the condition of any unimproved City facility; (3) suffered by me while participating in or traveling to and from the event or activity set forth above; (4) resulting from exposure to communicable diseases that may occur during my participation or use of City of Visalia facilities; or (5) suffered by me in any other activity associated with the event or activity aforementioned. This release does not apply to intentional and/or willful acts of misconduct by the City of Visalia or any of its officers, agents, employees or volunteers.

I understand that this Agreement and Release of Liability is enforceable against me only, as parent or guardian of such minor, and that said Agreement and Release of Liability may not be enforced as against such minor. Therefore, in further consideration for permitting such minor to participate in the aforementioned activity, I agree to defend the City of Visalia, its officers, agents, employees and volunteers. I also agree to reimburse the City of Visalia, its officers, agents, employees, or volunteers from any loss, damage, liability, cost, or expense they suffer as a result of any such claim or lawsuit.

I hereby grant the City of Visalia permission to use and publish recordings, photographs, or video of myself or my minor child(ren) participating in the program, event, or activity set forth above. This permission is limited to advertising, promotional, or other municipal purposes by the City in any manner or medium that presently exists or is later created. These rights include the right to publish, copy, distribute, license, or publicly display such images and I acknowledge that I have no right to any compensation for the use of such images by the City.

I have carefully read this agreement and fully understand its contents. I am aware that this is a Release of Liability and Indemnity, and that it is a legally binding contract between the City of Visalia and me, and I sign it of my own free will.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PARTICIPANT CODE OF CONDUCT**

The staff and The Manuel are committed to helping children succeed academically, socially, and emotionally by providing a safe and supportive place. All participants of the program are expected to act to a high standard of personal behavior.

- I will do my best to be involved, engaged, and participate in the clubs, activities, and games available to me at The Manuel.
- I will be respectful to myself, other participants, staff, to the belongings of others, and to the facility.
- I understand that I am responsible for my personal belongings.
- I will follow The Manuel Dress Code.
- I will practice appropriate, respectful, and positive language and behavior.
- I understand that the Manuel F. Hernandez Community Center and Summers Park are a drug, weapons, and alcohol free area. If staff suspect that I am under the influence or bring a weapon I will be removed from the facility, my parents/guardians and the police will be called.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

OFFICE USE: Registration _____ Scanned _____
--