



# The Zone

This year we're changing it up! The Zone will be operating on a new schedule at a new location.

The Zone Operates:

June 14 - July 23, 2010

Monday - Friday from 9:30am-3:30pm

at Foothills Middle School (by the Locker Rooms)



The Zone provides a safe, fun supervised environment for kids entering grades 6 - 8 with outdoor games and sports, tournaments, ping pong, foosball, video games, special events\*, and more. This is a free drop-in program led by Recreation Leaders.

\*There may be a fee for some special events

**THE Buzz Line**  
Arcadia Recreation Program Update



**626.574.3880**

In the event of inclement weather or program cancellations, the hotline will indicate the status of our daily programs. The Buzz Line is available to all parents and participants, and is a convenient way to obtain program information. The hotline is updated daily by noon.

City of Arcadia Recreation and Community Services Department

375 Campus Drive

PO Box 60021

Arcadia, CA 91066-6021

Phone: 626.574.5138 Email: [bhutchins@ci.arcadia.ca.us](mailto:bhutchins@ci.arcadia.ca.us)



# SUMMER FUN 'N PLAYGROUNDS AND THE ZONE MIDDLE SCHOOL SUMMER PROGRAM

Summer Recreation is a **free drop-in** program for youth, that offers a variety of supervised recreation activities and games. Participants are required to sign in and out on a daily basis but may leave at their own desire. Staff cannot prevent a child from leaving the program or provide transportation. **Late fees will apply** if children are not picked up by program closing time. You must complete and submit this registration form for each child in order to participate. Forms should be mailed or faxed to: Arcadia Recreation and Community Services Department, Attn: Recreation Specialist, P.O. Box 60021, Arcadia, CA 91066-6021 OR Fax to: 626.821.4370. For more information, please call the Recreation and Community Services Department at 626.574.5113.

Please mark desired site below. Then clearly print and complete all required registration information. Use one form per child.

Summer Fun 'n Play Playgrounds Program is offered at the following sites:

- Holly Avenue       Hugo Reid

Middle School The Zone is offered at the following site:

- Foothills Middle School

## CONTACT INFORMATION

Check:  Female     Male    Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City/Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Mom Cell (\_\_\_\_\_) \_\_\_\_\_ Dad Cell (\_\_\_\_\_) \_\_\_\_\_ Participant Cell (\_\_\_\_\_) \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## HEALTH AND PARTICIPATION QUESTIONS

1. Are there any special conditions such as allergies (e.g. bee stings, food allergies, pollen, etc), vegetarian, asthma, heart trouble, seizures, diabetes, or other medical information staff should be aware of? \_\_\_\_\_
2. List any medication taken daily and time(s) medication is taken. Reason for medication and any possible side effects we should be aware of. Recreation staff are not permitted to administer medications.  
\_\_\_\_\_
3. Please list any disabilities or behavioral concerns staff should be aware of (ADD, hyperactivity, depression, etc).  
\_\_\_\_\_
4. My child has permission to sign out and walk home from the summer program at 3:30pm    Yes     No   
Recreation Leaders will supervise those participants who do not have permission to walk home after 3:30pm. **LATE FEES WILL APPLY.**

## RELEASE OF LIABILITY AND INDEMNIFICATION FOR ALL PARTICIPANTS

I hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This Release is intended to discharge in advance the City of Arcadia, (and their respective agents, volunteers and employees), from and against any and all liability arising out of or connected in anyway with my participation in said activity. I further understand that accidents may occur during said activity, and that participants in such activity may sustain personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. If the participant is a minor, I also give permission for his/her participation in the above activities, and for any necessary emergency medical treatment. I understand that the City of Arcadia has no obligation to supervise my children at the close of the above activities and I release the City of Arcadia, its officers, employees and agents from any liability resulting from the lack of supervision of my children at the close of the above activities. I understand and agree that participants involved in recreation programs are subject to being photographed and such photographs may be used to publicize city programs.

In consideration for the City of Arcadia's acceptance of this registration, I hereby agree to indemnify and hold harmless the City of Arcadia, its officials, officers, employees, agents, or volunteers from any liability or claim or action for damages resulting from or in any way arising out of my participation in any City Recreation and Community Services Department program. I further understand and agree (1) to assume all risks inherent in the activities which are available and in which I may participate, and understand that these activities involve risk to my person and property and (2) to assume the risks, if any, arising from the conditions and use of equipment and facilities. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable to me at this time, and in accordance with Section 1542 of the California Civil Code, I understand that my release extends to claims which I did not know or suspect to exist in my favor at the time of execution of this release.

I understand and agree that included within the scope of this release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of equipment and facilities, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by the City, including all acts of negligence of the City. City programs DO NOT qualify as childcare for tax purpose.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I

am the custodial parent or legal guardian of \_\_\_\_\_ (print minor's name), who is a minor, and I agree on my own and said minor's behalf to the terms and conditions of this release.

In the event of injury or illness while the participant who is a minor is attending the recreation activity, I hereby authorize the City of Arcadia Recreation and Community Services Department to consent to medical treatment on behalf of the minor as deemed necessary. The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Recreation and Community Services Department and its officers, employees and agents into whose care the registered child has been entrusted, to consent to the advice of trained emergency personnel. This authorization to consent to treatment of the minor identified above is given to the Recreation and Community Services Department in conjunction with any activity or event in which the minor's care is entrusted to the Recreation and Community Services Department.

The Recreation and Community Services Department may take and use photos of participants for publicity purposes. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Arcadia permission to use my, or if the participant is a minor, the minor's likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity free of charge.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

You must complete and submit this Registration Form in order to participate. Forms should be mailed to:  
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P.O. Box 60021, Arcadia, CA 91066-6021 OR Fax to: 626.821.4370.