



2021 YOUTH REGISTRATION/RELEASE
Thompson Teen Center & Teen Time Fitness
651 North Mt. Vernon Ave. Colton, CA 92324

CHILD'S NAME _____ **Date of Birth** _____ **Age** _____
Address _____ **City** _____ **Zip** _____
 Male Female **Grade** _____ **School** _____
Contact Phone Number _____ **Alternate Phone Number** _____

PARENT / GUARDIAN INFORMATION (Please list two, with first & last name)
 Mother _____ Guardian _____
 Father _____ Guardian _____

I authorize the Minor listed above, to participate in: Teen Time Fitness; Monday/ Wednesday/ Friday from 3:00-3:50 p.m. or 4:10 - 5:00p.m. & All Teen Programming & Activities at Thompson Teen Center. the ("Activity") with the Colton Community Services.

The Activity shall be provided in and around the City of Colton, California and shall be provided for the following

I am aware that by participating in the aforementioned Activity, the minor referenced above (hereinafter, "Minor") may be exposed to risks of damage to his/her personal property and personal injury to himself/herself. I understand and agree that Minor shall comply with all relevant Colton Community Services rules, regulations, and instructions and that the failure of Minor to observe all rules may result in Minor's removal from the Activity.

I hereby assert that I my child is in sufficiently sound health and has no health condition, illness, or communicable disease that may make participating injurious to my child or others. If my child should develop any such condition, illness or disease during the term of activities, my child will discontinue participation until he/she has received an appropriate medical release from his/her doctor.

IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN THE ACTIVITY, I HEREBY, ON BEHALF OF MYSELF AND MY MINOR CHILD, AGREE TO THE FOLLOWING:

ASSUMPTION OF RISK

In consideration for Minor being allowed to participate in the Activity, I, on behalf of myself and Minor, hereby assume the risk of, and responsibility for, any such injury, death, or damage which Minor may sustain arising out of or in any way connected with participation in the Activity, including injury, death, or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate.

COVID-19 – ASSUMPTION OF RISK

The City of Colton has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child will not become infected with COVID-19. Further, attending this program could increase your risk and your child(ren)'s of contracting COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or your child(ren) may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in City programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

DISASTER / IMMINENT DANGER RELEASE AGREEMENT

In the event of an emergency, staff will not allow participants to leave until parent or someone on listed their release form, comes to pick them up. Please explain carefully to your child that in the event of a disaster or imminent danger (terrorist/bomb threat, armed suspect, fire/flood or other natural disaster) that they are not allowed to sign out & walk home. They must stay with City of Colton, Community Services staff. Reassure your child that this is very important, as you will be coming for them at the evacuation site below.

EVACUATION SITE: Open grass area in front of building

RELEASE AND INDEMNIFICATION

I agree on behalf of myself, my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators and assigns of Minor, to release and discharge Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate from and against any and all liability arising out of or in any way connected with Minor's participation in the Activity, or upon their acts or omissions, whether negligent or not.

Additionally, in consideration for Minor participating in the Activity, and to the maximum extent permitted by law, I voluntarily agree to indemnify and hold harmless, in advance, Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate, for any and all claims, lawsuits, demands, causes of action, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, to property or persons, including wrongful death, which may be brought by any person against Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate that may have or may hereafter accrue and that in any manner arise out of, pertain to, or are incident to said Minor's participation in the Activity, whether or not it consists of acts, omissions, or conduct which is deemed negligent (active or passive), willful, or otherwise.

It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns, and Minor and the executors, heirs, administrators, and assigns of Minor.

CONSENT TO TREATMENT OF MINOR

In the event of illness, accident, or injury which may occur while Minor is participating in the Activity, I hereby authorize and give my consent, pursuant to California Family Code Section 6910, to Colton Community Services to seek medical treatment for Minor as shall be necessary under the circumstances from a physician licensed under the laws of the State of California.

Doctor Name/Agency: _____ Phone Number: _____
Address: _____ City: _____

Please list any allergies (including food): _____

IF PARENTS CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (List two)

Name: _____ Relationship: _____ Phone Number: _____
Name: _____ Relationship: _____ Phone Number: _____

MEDIA RELEASE

I hereby authorize Colton Community Services and anyone acting on its behalf to take and use any audio recording(s), photograph(s) and/or video(s) in which Minor's image or voice appears for all purposes and in all media, including, but not limited to, written publications, brochures, advertisements, and the World Wide Web/internet. Colton Community Services shall have sole and complete ownership of the audio recording(s), photograph(s) and/or video(s), and shall have the exclusive right to make use of it/them, and any images or other productions derived from it/them, as set forth herein.

I understand and agree that Minor and I will receive no monetary or other compensation for Minor's appearance in and Colton Community Services' use of the audio recording(s), photograph(s), and/or video(s); and that this document shall serve as a release and waiver of any and all publicity rights and any other claims (including, but not limited to, privacy, contract, libel or defamation) arising out of the use of the audio recording(s), photograph(s) and/or video(s), and any right to inspect or approve the finished product or advertising or other communications that may be used with the audio recording(s), photograph(s), and/or video(s).

- Yes, I consent to the above media release.
- No, you do not have permission to use photographs or videos for marketing and promotional materials.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this Agreement and fully understand its contents. I understand that I am making the above representation herein on behalf of myself and Minor. I agree that Minor will follow all obligations herein or other directives provided by Colton Community Services, the City of Colton, its officials, officers, employees, agents, volunteers, and any other City of Colton affiliate. I further understand and acknowledge that I am giving up valuable legal rights on behalf of myself and Minor. I knowingly and voluntarily give up these rights of my own free will on behalf of myself and Minor by signing this Agreement.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Received and Approved By:

Date:

COUNTY OF SAN BERNARDINO COMMUNITY DEVELOPMENT AND HOUSING

Project/ Activity Title:

Colton: After School Programs at the Art Thompson Teen Center

PROJECT/CASE NUMBER :

COLT-21-1-OSD/3447

Name/Address of Contract Agency:

The City of Colton
 Art Thompson Teen Center
 651 N. Mt. Vernon Ave. Colton, CA 92324

Date of Issue:

Original: Beginning 7/1/2021
 Amendment No.:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by the person (or legal guardian of the person) requesting to receive benefits from the described project/activity. **Only one statement per person, per fiscal year is required (Fiscal Year begins July 1 and ends June 30).**

Please answer each of the following questions.

1. This question helps you determine the size of your household. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

How many persons are in your household? _____

2. This question asks if you are from a low- and moderate-income household. For this question, a list of the EXTREMELY LOW-INCOME, VERY LOW-INCOME and LOW-INCOME categories* are presented below. Please add up the combined gross annual income of all persons in your household from all sources of income. **In the blanks provided, write (yes) or (no) if your combined gross annual income is equal to or less than the, EXTREMELY LOW-INCOME, VERY LOW-INCOME, or LOW-INCOME amount for the number of persons in your household.**

YES/NO

EXTREMELY LOW-INCOME _____
 VERY LOW-INCOME _____
 LOW-INCOME _____

	Number of Persons in Your Household							
	1	2	3	4	5	6	7	8
EXTREMELY LOW-INCOME LIMIT (\$)	15,850	18,100	21,720	26,200	30,680	35,160	39,640	44,120
VERY LOW-INCOME LIMIT (\$)	26,400	30,150	33,900	37,650	40,700	43,700	46,700	49,700
LOW-INCOME LIMIT (\$)	42,200	48,200	54,250	60,250	65,100	69,900	74,750	70,550

* Taken from FY 2020 Income Limits Summary: <https://www.huduser.gov/portal/datasets/il/il2020/2020summary.odn>

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3. Please indicate how you identify yourself by checking only one of the following choices:

	Hispanic	Non-Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Balance/Other	<input type="checkbox"/>	<input type="checkbox"/>

4. Please check whether you belong to a Female Headed Household: YES NO

5. Please describe the condition that would qualify you as being considered in one of the following presumed low- and moderate-income categories: abused child, battered spouse, elderly person, homeless person, disabled adult, illiterate person, or migrant farm worker:

Description:

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

NAME : _____ DATE : _____

ADDRESS : _____ CITY : _____ ZIP : _____

SIGNATURE : _____ PHONE : _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.