



City of Victorville Community Services Department
 Recreation Services Division
 14973 Joshua Street – Victorville, CA 92392 (760) 245-5551
 Sé hablá Español por favor llamé al numero (760) 245-5551

R.A.T. PACK REGISTRATION APPLICATION

PARTICIPANT: _____ AGE: _____ DOB: ___/___/___

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (_____) _____ CELL: (_____) _____

EMAIL: _____ SCHOOL: _____

PARENT/GUARDIAN: _____
 (PRINT NAME) *Must be the same as the signer below.

VOLUNTEER ACTIVITIES (Check all that apply)

Special Events	Pee Wee Activities
Day Camp	Youth Sports
Preschool	Comm. Clean-Up
Other: _____	

INTEREST (Check all that apply)

Sports	Camping
Video Games	Internet
Travel	Health
Shopping	Outside Activities
Other: _____	

I understand that my services are being offered on a voluntary basis without anticipation of financial gain.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

R.A.T. PACK PROGRAM CODE OF CONDUCT



As a member of R.A.T. Pack you will take part in volunteer activities. In an effort to provide a safe and fun atmosphere for all members, we have established the following guidelines. All members are responsible for reading and understanding the Code of Conduct before attending the R.A.T. Pack Program. Please, make sure you review the Code of Conduct with your parent/guardian.

1. Being a volunteer means that you have agreed to work without compensation in money. However, having accepted a working role, you will be expected to do your work according to standards, as a paid staff would be expected to perform.
2. Each member will treat all participants and staff with respect and will listen to and follow directions given by the City of Victorville's Recreation Staff.
3. Each member is expected to treat City property and property of others with care.
4. The use of profane and/or offensive language is prohibited during program hours or any other assigned time by the City of Victorville's Recreation Staff.
5. Fighting or abusive language will **not** be tolerated and appropriate action will be taken.
6. Each member must arrive and be picked up on time during any of the programs volunteered assignments including special events, meetings, etc...
7. Smoking, drugs or alcohol are prohibited during program hours or any other assigned time by the City of Victorville's Recreation Staff.

By signing the R.A.T. Pack Program Code of Conduct, you are agreeing that you have read and understood every guideline. Under any circumstance, if a guideline is not followed appropriate action will be taken to ensure a safe and fun atmosphere for all members. Inappropriate behavior will result in the removal from the program.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



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EMERGENCY INFORMATION FORM

PARTICIPANT _____ AGE _____ GRADE _____ DATE OF BIRTH ____/____/____

ADDRESS _____ HOME PHONE (____) _____
Street City Zip

EMERGENCY CONTACT NUMBER (A local number if parent(s) work out of town, such as a cell phone.)

Name Relationship (____) Phone Number

FATHER'S NAME _____ PHONE (____) _____

MOTHER'S NAME _____ PHONE (____) _____

*MEDICATION/ALLERGIES _____

COMMENTS _____

* No medication may be brought to the RAT Pack program.
This includes over the counter (OTC) items such as cough drops, Tylenol, etc.

All children are to remain until the end of the program unless specifically directed by the parent/guardian on that day. (Please check one.)

My child will be picked up each time by a parent/guardian.

I authorize my child to use an alternate mode of transportation after the program. (Ex: Walkout, bus, bike, etc.)

Please list forms of alternate transportation:

LIST ALTERNATE PERSONS AUTHORIZED TO PICK UP YOUR CHILD.
(Person must show a valid driver's license when picking up child.)

Name Phone #

Name Phone #

Name Phone #

Name Phone #

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

AGREEMENT & RELEASE OF LIABILITY – RECREATIONAL PROGRAMS

In consideration of the use of the property, facilities, and/or services of the City of Victorville’s Community Services Department (“CSD”) or any other branch of the City of Victorville (“City”) participating or sponsoring recreational programs, including travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned agrees and acknowledges that the use of equipment, facilities and services provided by CSD and/or City, including but not limited to, physical sports, dance, aerobics, swimming, arts and music, gymnastics, and cheerleading, involves risks such as, but not limited to, PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care.
2. **ASSUMPTION OF RISK:** The undersigned ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE, including but not limited to, those risk factors described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES:** The undersigned acknowledges reading and knowing all of the policies the procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **RELEASE:** The undersigned on behalf of himself/herself and his/her heirs, successors, assigns and anyone claiming through or under any of the foregoing, hereby RELEASES, acquits and forever discharges CSD, City, any successors and assigns,(the “RELEASED PARTIES”) and all past present and future officers, employees, agents, representatives, attorneys, accountants, and insurers of the RELEASED PARTIES, of and from any and all claims, damages, debts, demands, obligations, costs, expenses, accounts, losses, liabilities, liens, actions, proceedings and causes of action of every kind or nature, whether known or unknown, suspected or unsuspected, arising out of the activity, the use of CSD or City property or equipment, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions, negligence, or fault of third parties or of the RELEASED PARTIES. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.
5. **WAIVER:** The undersigned waives the protection afforded by statute or law in any jurisdiction including California Code Section 1542 whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. **PROPERTY DAMAGE:** The undersigned understands he/she is responsible for any loss, theft, or damage to any property or equipment owned, operated or maintained by CSD and/or City while the undersigned is using said equipment or property. The undersigned agrees to pay for any and all damage caused by the undersigned, either negligently, willfully, or otherwise.
7. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
8. **INSURANCE:** The undersigned understands that CSD and/or City do not provide participant insurance. When applicable, the undersigned is encouraged to have a physical examination and to maintain health insurance prior to any and all participation in any activities offered by CSD and/or City.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CSD AND/OR CITY AND SIGN IT ON MY OWN FREE WILL.

DATE: _____

PARTICIPANT SIGNATURE

When applicable:

CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent and/legal guardian of the above-named minor. I have read and understand the agreement involves surrender of valuable legal rights of the minor and myself. I agree to be bound by all terms of this agreement. I also give consent to the participant in the activity of the minor.

DATE: _____

PARENT/GUARDIAN SIGNATURE