Councilmember Jay Schenirer presents

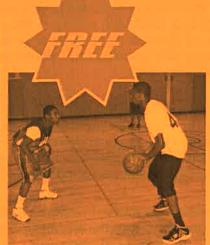
AF HUISPOI

THUAY HIGH

Oak Park Community Center 3425 Martin Luther King, Jr. Blvd.

BOYS AND GIRLS AGES 13 TO 19





HOT SPOT OPEN

January 8, 22, 29
February 5, 19, 26
March 4, 11, 18
April 1, 8, 15, 22, 29
May 6, 13, 20
June 3



BASKETBALL SNACKS AND MORE



SACRAMENTO Parks and Recreation

Call (916) 808-6789 for more information

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Registration Form

City of Sacramento

	W C			ity of Suc	differite	
Custome	r Information					
Parent's Name:		Phone:				
Address:		City: Zip:		:		
Email address:						
PARTICIP	ANTS NAME:					
Course Registration						
Course # Program		Nar	ne	Grade	Age	
How did you hear about us?						
☐ Sacramento Bee On-line ad			☐ Banner in Front of Center			
☐ On-line Ad (Google, Yahoo or Bing)			☐ Word of Mouth ☐ Other:			
□ Flyer						
Hold Harmless Agreement for Participation in City of Sacramento Programs						
Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, death or property damage connected with my participation even though that liability may arise out of their negligence or carelessness. This release shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.						
Consent to Photograph, Film or Tape: I agree to have photographs, films, videotapes or tape recording taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent staff leading the program for which I am registered must be informed of and record my non consent.						
Permission for Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.						
Signature						
Parent/Adult Signature:				Date:		
Received by STAFF (print):				Date:		