

# Recreation Services

## Office Hours

Monday - Thursday:  
8:00 a.m. - 5:00 p.m.  
Friday: 8:00 a.m. - 1:00 p.m.

Phone: (619) 258-4100 ext. 222

Fax: (619) 258-4189

E-mail: [santee@cityofsanteeca.gov](mailto:santee@cityofsanteeca.gov)

Website: [www.cityofsanteeca.gov](http://www.cityofsanteeca.gov)

Para información en Español llame a  
(619) 258-4100 ext. 128

Parks  
Make  
Life  
Better!



## Register Now!

Complete the registration form on the next page and submit it along with the required residency verification. If applicable, submit your age verification, and/or Voucher Incentive Program letter in one of the following ways:

## 5 Ways to Register

Payment is required at the time of registration.

- 1 ONLINE:** Use convenient online registration for activities. Go to [www.cityofsanteeca.gov](http://www.cityofsanteeca.gov) and click on the Rec logo > click on the Register Online button. (Note: a convenience fee applies, VIP and family discount not available online.) Customers may need to establish a new log on by calling (619) 258-4100 ext. 222.
- 2 MAIL TO:**  
Recreation Programs  
City of Santee  
10601 Magnolia Avenue, Bldg. 6  
Santee, CA 92071
- 3 FAX:** You may fax your registration (credit cards only) to (619) 258-4189.
- 4 DROP OFF:** Hand deliver completed registration in a sealed envelope to our 24-hour drop box at 10601 Magnolia Avenue, Bldg. 6. (No cash)
- 5 WALK-IN:** You may register at our offices during regular business hours. Late registration is accepted, in most cases, through the first week of classes.

## PROOF OF RESIDENCY

A resident (R) is a person who lives within the city limits of Santee. Residency is based on the address of the class participant, not on the address of the payee. Proof of residency is required. Acceptable documents are: address imprinted on personal check, current property tax bill, utility bill, or driver's license. (First time registrants only) Non-residents (NR) are welcome to sign up for our programs. An additional fee applies.

## PROOF OF AGE

(Minor registrants - first time only)  
Proof of age must be provided the first time you register with us. Participants must meet the minimum age requirement by the first day of activity and must not exceed the advertised maximum age. Proof of birth date is required. Acceptable documents are: birth certificate, immunization card, health card, or passport.

## FINANCIAL ASSISTANCE

The Voucher Incentive Program (V.I.P.) provides financial assistance, to children, teens, and seniors to participate in city recreation programs. Funding is provided through funds raised by the Santee Park and Recreation Committee (SPARC) and recreation activity donations. To be eligible, applicants must live in Santee and have a total household income that meets U.S. Department of Housing and Urban Development guidelines. Applications can be obtained at Santee City Hall, 10601 Magnolia Avenue, Building 6. For more information call (619) 258-4100 ext. 222.

## 100% SATISFACTION GUARANTEED

If you are unsatisfied with your experience you may apply for a transfer, credit or refund by submitting a written request within the same session. If an activity is cancelled due to a lack of enrollment, you can register for an alternative activity, if available or request a refund. A fee may apply. On-line service fees are not refundable. The Recreation Services Division reserves the right to cancel or combine activities, or change instructors as needed.

## 3 WAYS TO PAY

Payment is required at the time of registration. You may pay by any of the following methods:

1	2	3
<b>CREDIT</b>	<b>CHECK</b>	<b>CASH</b>
MasterCard and Visa 	Payable to "City of Santee"	Walk-in only, do not mail cash



The City of Santee is proud to be affiliated with KIT. Please contact Community Services at (619) 258-4100 ext. 258 three (3) weeks prior to start date of program if your child requires accommodations due to a medical condition or disability.

## YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS (FOR DAY CAMP, X-FACTOR, JR LEADERS ONLY)

Name of Minor(s) \_\_\_\_\_

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document. 2. Release the YMCA, its directors, officers, employees and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise while I am in or near any YMCA branch. 3. Agree to not sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of Releases or otherwise. 4. Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise. 5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. 6. I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

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

# Santee Recreation Registration & Teen Center Membership Form

ONE FORM PER FAMILY FORM MAY BE COPIED

## Primary Adult Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Where did you find information about this program?  
 Address \_\_\_\_\_  Resident  Non-resident  City Web Site  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Santee School District Web Site  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_  Facebook  
 Email  
 Other

Authorized Pick Up/Emergency Contact (different from above)	Phone Number	Relationship

Participant #1	Participant #2	Complete below for Santee Teen Center Membership
Name: _____ Gender: M F <input type="checkbox"/> Address same as above. DOB: _____ <b>Medical concerns and information:</b> <input type="checkbox"/> Special accommodations needed to participate in the activity. <input type="checkbox"/> Medication needed/taken during program hours. (Youth; if box checked, Administration of Medication form required.) <input type="checkbox"/> Allergies, behavior/attention issues, injuries or illness. Details _____ <input type="checkbox"/> Currently taking medication. Name/Dosage/Purpose _____	Name: _____ Gender: M F <input type="checkbox"/> Address same as above. DOB: _____ <b>Medical concerns and information:</b> <input type="checkbox"/> Special accommodations needed to participate in the activity. <input type="checkbox"/> Medication needed/taken during program hours. (Youth; if box checked, Administration of Medication form required.) <input type="checkbox"/> Allergies, behavior/attention issues, injuries or illness. Details _____ <input type="checkbox"/> Currently taking medication. Name/Dosage/Purpose _____	<b>Code of Conduct</b> applies to all members School: _____ I agree to allow my child to: (Please circle Y or N) <b>Y N</b> View PG-13 movies with the Teen Center. <b>Y N</b> Participate in supervised walking local outings within the City of Santee.

## Program Registration

Participant's First & Last Name	Class/Activity/Camp	Day	Time	Location	Start Date	Course #	Fee

## Method of Payment

<b>Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <b>FAX</b> (619) 258-4189 PRINT EXACT NAME ON CARD _____ Card# _____ Expiration Date _____ V-code _____ Signature _____	<input type="checkbox"/> <b>Check</b> Payable to the City of Santee (\$5 returned check fee) Mail to: Recreation Programs, City of Santee 10601 Magnolia Ave., Bldg. 6 Santee, CA 92071	<input type="checkbox"/> <b>Cash</b> Walk-In ONLY <div style="background-color: #ffffcc; padding: 5px; text-align: center;"> <b>PLEASE, No Cash in Drop Box</b> </div>	Subtotal Program Registration Fee _____ VIP _____ Recreation Activity Fund Donation+ _____ <b>TOTAL</b> _____
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The City's Liability Waiver must be signed by all participants over the age of 18, or if minor, by a parent/guardian.

## Release from Liability, Indemnification, and Photographic Release. (Please read before signing.)

I, the undersigned, do hereby agree to participate and/or allow the participant(s) listed above to participate in the recreation program(s) indicated. I understand that recreation programs, by their very nature, can present circumstances that place the participant at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am and/or the above-named participant(s) is/are entered into this program at my/their own risk. In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form or his/her legal guardian, agrees as follows: I understand the nature and content of the activity(ies) listed and am aware of the potential dangers incidental to engaging in the program(s). I agree to release, indemnify, defend and hold the City of Santee, its officers, employees, agents, volunteers and independent contractors harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). In the unlikely event of a serious injury, emergency medical providers will be directed to properly treat participant(s) and if needed, they will transport participant(s) to the hospital. Your signature below satisfies the following requirements: It authorizes staff to seek necessary medical attention for participant(s) in an emergency. It confirms the information on this form is correct to the best of your knowledge. I permit the Community Services Department to use and publish photographs and/or videotapes of me and/or my children for purposes of presenting recreation activities to the community and to promote the recreation program to prospective clients and/or participants. I also give permission to release such photographs and/or videotapes to the news media in support of the program. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will. THE CITY OF SANTEE DOES NOT HAVE OR PROVIDE MEDICAL OR ACCIDENTAL INSURANCE FOR PERSONS INVOLVED IN PROGRAMS SPONSORED BY THE CITY OF SANTEE'S DEPARTMENT OF COMMUNITY SERVICES.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

## PADRE DAM MUNICIPAL WATER DISTRICT WAIVER AND RELEASE OF LIABILITY (FOR TEEN CENTER MEMBERSHIP, DAY CAMP, X-FACTOR, JR LEADERS)

I wish to rent and temporarily use certain watercraft from padre dam municipal water district. I understand and acknowledge that participating in boating presents the potential for death, serious injury, and property loss. The risks include, but are not limited to those caused by terrain, facilities, equipment, water temperature, weather, lack of hydration, other boat traffic, and the actions of others, including, but not limited to padre dam workers, other boaters, spectators, and volunteers. I understand and acknowledge that my injuries, death or property loss are solely my responsibility and not the responsibility of padre dam municipal water district. I understand that I am assuming all risks associated with boating at Santee Lakes Recreational Preserve. I acknowledge that this form will be used by Padre Dam Municipal Water District and that it will govern my actions and my responsibilities. In consideration and participation of this event, I hereby waive, release, and discharge from any and all liability for the death, disability, or personal injury to me, the district, its directors, officers, employees, representatives, and agents. I also agree to indemnify and hold harmless, the entities mentioned in this paragraph from any liabilities or claims made by other individuals or entities as a result of my actions while participating in sporting events. This waiver, release, and discharge covers my personal rights. I understand that I am giving up substantial rights by signing this waiver and release of liability. I CERTIFY that my child will only participate in boating activities under the supervision of City of Santee staff.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_