COLTON COMMUNITY SERVICES
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Connecting the Community

2025-26 YOUTH REGISTRATION/RELEASE

2025-26 Youth Basketball League

Gonzales Community Center ~ 670 Colton Ave. Colton, CA 92324

CHILD'S NAME: _____ Date of Birth: _____ Age _____

Address: _____ City: _____ Zip: _____

☐Male ☐Female Division: _____ Any Special Requests and/ or Sibling Name(s) and Division(s): _____

Phone Number: _____ Alternate Phone Number: _____

PARENT/ GUARDIAN NAME: _____ Email: _____

SHIRT SIZE	☐ Youth Small	☐ Youth Medium	☐ Youth Large	☐ Adult XL	SHORT SIZE	☐ Youth Small	☐ Youth Medium	☐ Youth Large	☐ Adult XL
	☐ Adult Small	☐ Adult Medium	☐ Adult Large			☐ Adult Small	☐ Adult Medium	☐ Adult Large	

I authorize the Minor listed above, to participate in: **The Youth Basketball League at the Gonzales Community Center from October 20, 2025 through March 28, 2026** 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: **Monday through Friday from 4:00 p.m. to-8:30 p.m. and on Saturdays from 8:00 a.m. to 5:00 p.m.** Days and times are subject to change due to enrollment, city holidays, building closures, and special events.

I am aware that by participating in the aforementioned Activity, the minor referenced above (hereinafter, "Minor") is acting as an unpaid volunteer and not as an employee of the City of Colton. I understand the Minor is not covered under the City of Colton's workers' compensation plan. I further acknowledge that the 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 Minor is in sufficiently sound health and has no health condition, illness, or communicable disease that may make participating in the Activity injurious to Minor or others. If Minor should develop any such condition, illness or disease during the term of activities, Minor 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.

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 Minor's 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.

✱✱✱✱✱ CONTINUED ON BACK SIDE ✱✱✱✱✱

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: _____

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 Minor will not become infected with COVID-19. Further, attending this program could increase your risk and Minor's risk of contracting COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you or Minor 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 Minor becoming exposed to or infected by COVID-19 by participating in City programs may result from the actions, omissions, or negligence of myself and/or Minor and others, including, but not limited to, City employees, officials, volunteers, and program participants and their families.

DISASTER / IMMINENT DANGER RELEASE AGREEMENT

In the event of an emergency, City 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 Minor 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. Minor 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: Enclosed basketball courts in Chavez Park that are behind the Gonzales Community Center.

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

_____ **(Parent Initials)** I have received read and understand the attached **2025-2026 Parent Oath** and agree to abide by the rules set forth in it.

(FOR OFFICE USE ONLY)

Received By: _____ **Date:** _____ **Receipt Number:** _____