

City of Newman Recreation Department is please to present and sponsor

KAJUKENBO

Fighting Dragons Martial Arts

Ages 5 and up

Fee: \$ 20.00 (Semi -Annual non-refundable fee*)

**Additional: \$10.00 fee for participants residing outside the Newman
Crows Landing Unified School District**

Tuesday Nights

Beginner Class: 6:00 to 7:00p.m.

[*Must remain an active participant~ Must attend at least one practice per month]

Location: Louis J Memorial Building 649 Orestimba Road Newman CA 95360

Instructors:

Sifu Don Alves

**[Participants must register with the Recreation Department
prior to attending first class]**



Teen Center 831 Hardin Road

Open: Monday-Thursday 2:30p.m. to 6:00p.m

For Office Use Only:

Amount Paid: _____ Cash: _____ Check #: _____ Initials: _____

Kajukenbo

2022 Contract

Please Print

Child's Name: _____ Check One: Male Female

Birth Date: _____ Age on July 1, 2022: _____

Grade: _____ School: _____

Home Address: _____ City: _____ Zip: _____

Phone Number: _____ Parent or Legal Guardian's Name: _____

List any medical/physical condition that your child has that we need to be aware of:

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medications?

Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name: _____ Relation: _____ Phone Number: _____



CONSENT OF WAIVER FOR PARTICIPANT: I understand the risks involved by participating in the above activity for which I/we are registering, and in consideration for being permitted by the City of Newman to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the City of Newman (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the City, unless caused by the sole negligence of the City. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the City free and harmless from any loss, liability, damage, cost, or expense which it may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand the following refund policy: Full refund with the exception of a \$20.00 administrative fee charge, until the final day of late registration. After the final day of late registration, NO REFUNDS WILL BE ISSUED. I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate.

I understand that requests for coaches or teams cannot be honored.

I understand that my child will not be allowed to switch teams. If I have a problem with a coach or team, I understand that the complaint must be put in writing for review by the Recreation Department.

The Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City of Newman Recreation Department and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Newman from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

I understand that my child must attend practice on a regular basis in order to play in games. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. Remember this is your responsibility not the coaches or staffs responsibility.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion. The City retains the ability to include suspension and/or permanent exclusion should the City deem it appropriate.

ASSEMBLY BILL 2007 (Concussion-Related Injuries): I understand that Newman Recreation Department has adopted concussion-related education, awareness and protocol. By signing below, I acknowledge that I have been provided the links and/or informational sheets to read and discuss concussion-related injuries with my child. I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after concussion or head injury.

Notice Regarding COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical and social distancing, use of personal protective equipment like face coverings and have, in many locations, prohibited the congregation of groups of people. The City of Newman has implemented health and safety protocols in an effort to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child (ren)/dependent(s) minor(s) will not become infected with COVID-19. Further, attending any program may increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren)/dependent(s) minor(s) or I may be exposed to, or infected by COVID-19 by attending the City of Newman programs and activities ("Programs"), 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 at the 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.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian's Signature

Date

Email Address