

*Councilmember Jay Schenirer presents*

# 05 HOT SPOT

*Friday Nights*

*7 pm to 11:00 pm*

*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**

**PAID FOR BY  
MEASURE U**  
HALF-CENT VOTER APPROVED SALES TAX

*City of*  
**SACRAMENTO**  
Parks and Recreation

**CALL**  
日本語中文  
Habla español  
Мы говорим на украин  
ພວກເຮົາເວົ້າພາສາລາວ  
Poh bay lus Hmoob  
Chúng tôi nói tiếng Việt

**Call (916) 808-6789 for more information**

The Sacramento City Unified School District is not a sponsor, endorser or otherwise associated with the above program.  
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City of  
**SACRAMENTO**  
 Parks and Recreation

**Registration Form**  
 City of Sacramento

<b>Customer Information</b>			
Parent's Name:		Phone:	
Address:		City:	Zip:
Email address:			
<b>PARTICIPANTS NAME:</b>			
<b>Course Registration</b>			
Course #	Program Name	Grade	Age
<b>How did you hear about us?</b>			
<input type="checkbox"/> Sacramento Bee On-line ad		<input type="checkbox"/> Banner in Front of Center	
<input type="checkbox"/> On-line Ad (Google, Yahoo or Bing)		<input type="checkbox"/> Word of Mouth	
<input type="checkbox"/> Flyer		<input type="checkbox"/> Other:	
<b>Hold Harmless Agreement for Participation in City of Sacramento Programs</b>			
<p>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.</p> <p>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.</p> <p>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.</p>			
<b>Signature</b>			
Parent/Adult Signature:			Date:
Received by STAFF (print):			Date: