



City of Berkeley

SPRING BREAK ACHIEVERS REGISTRATION FORM

INSTRUCTIONS: Submit completed registration form and proof of Berkeley residency OR proof of attendance at a Berkeley school to jgunnvaca@cityofberkeley.info OR drop them off at Martin Luther King Jr. Youth Services Center/YAP, 1730 Oregon St., Berkeley. Once submitted, your child will be registered into the program. Spaces are limited and will be given on a first come, first served basis. For information, contact Jasmine Gunn-Vaca by calling (510) 981-6671 or by email at jgunnvaca@cityofberkeley.info.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: ____ / ____ / ____

Gender: Male Female Prefer Not to Answer Age: _____ Incoming Grade: 6th Grade 7th Grade 8th Grade

Does your child have any physical/cognitive disabilities? YES NO
If YES, please list and explain: _____

Does your child have any allergies? If YES, please list and explain: _____ YES NO

REQUIREMENT: Participant must be enrolled in a Berkeley School OR be a Berkeley Resident (Select One)

Proof of Berkeley School Enrollment (Check one and provide current documentation)
 School I.D. Copy of Report Card Acceptation Letter from BUSD Other: _____

Proof of Berkeley Residency (Check one and provide current documentation)
 Utility Bill Driver's License / State ID Other (explain): _____

SCHOOL THAT PARTICIPANT ATTENDS (Select One)

Longfellow Middle School Martin Luther King Jr. Middle School Willard Middle School Other: _____

MAIN CONTACT PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____

Email Address: _____

Home Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____ Other: _____

EMERGENCY CONTACT (MUST be different than contact information listed above)

Full Name: _____ Relationship: _____ Phone: _____

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CONSENT AND RELEASE FROM LIABILITY

In consideration of permission to participate in Recreation Programs, I for myself, heirs, successors, and assigns, agree to release, defend, indemnify and hold harmless the City, its officers, agents, volunteers and employees from and against any claims, demands, liability, damages, lawsuits or other actions, including but not limited to, personal injury or death or property damage arising out of or in any way connected with my participation or the participation of my child/ward in Recreation Programs.

Photo Release: I give my consent to allow the City of Berkeley to use any photographed images of my child/self in promotional materials and/or its website.

I give my child(ren) permission to sign themselves in and out of the program.

Signature of Parent/Guardian: _____ Date: _____