



# CITY OF MERCED

## PARKS AND RECREATION

### Pickleball 2024



**Program Site:**  
 Applegate Park, Teal Top (Next to Basketball Courts), 1045 W. 25<sup>th</sup> Street, Merced, CA

**Schedule:**  
 Wednesdays  
 9:00 am – 12:00 pm  
 3<sup>rd</sup> – 6<sup>th</sup> Graders

**Please choose which session you would like to register for (both cover same material):**  
 \_\_\_ Session 1 (June 12<sup>th</sup> & July 3<sup>rd</sup>)                      \_\_\_ Session 2 (July 10<sup>th</sup> & 31<sup>st</sup>)

**Please select grade your child is entering:**  
 3<sup>rd</sup> \_\_\_      4<sup>th</sup> \_\_\_      5<sup>th</sup> \_\_\_      6<sup>th</sup> \_\_\_      7<sup>th</sup> \_\_\_      8<sup>th</sup> \_\_\_

Participant's Name \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ (in the fall)  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Legal Guardian Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (Other than parent, an attempt will be made to contact a parent first)  
 Is child allowed to walk home? \_\_\_ Yes or \_\_\_ No      With Siblings? \_\_\_ Yes  
 Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:** Please indicate if you ever had any of the following conditions or allergies.

<u>HEALTH HISTORY</u>	YES	NO	<u>ALLERGIES</u>	YES	NO
Asthma	___	___	Bees	___	___
Diabetic	___	___	Food	___	___
Epileptic	___	___	Penicillin	___	___
Operations/Injuries	___	___	Other	___	___

If yes to any of above, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any program restrictions and/ or any medication taken at time of program:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Program Philosophy**

The City of Merced Pickleball Street Hockey Program is committed to a simple, yet comprehensive philosophy focused on participant’s wellbeing be safe, build positive relationships and make it fun. This philosophy is the basis in which our program operates, staff are trained, and activities are developed.

**Dress Code**

Participants should wear comfortable clothes that will allow them free range of motion to participate in recreational and athletic activities. Clothes may get soiled with dirt, grass, paint, glue, etc. Unacceptable Attire: sandals, flip-flops, open-toed shoes, revealing clothing, apparel that displays/promotes drugs, alcohol, tobacco, or gang references and excessively loose or baggy pants. Prior to drop-off, please apply sunscreen if necessary.

**No Personal Items/ Electronic Devices**

Campers are NOT permitted to bring any personal items from home. This often increases the likelihood of them getting lost, stolen, or damaged. In addition, participants shall not borrow, lend, or trade items while at camp. Cell phones are NOT permitted at camp. The camp staff reserves the right to confiscate any and all personal items as issues arise. Confiscated items will be returned to the parent at the end of the day.

**Lost Items**

The City of Merced is NOT responsible for any personal items that may have been lost, stolen, or gone missing during the program.

**Photography Waiver**

I permit the City of Merced to use and publish photographs and/or videotapes of me, my child, or my ward for purposes of promoting recreation activities to the community through any media channels. If there is an issue with this, please see the office and provide written exclusions regarding the use of the photos/videos.

**Pickleball Hockey Policies**

I agree to comply with all the rules and regulations of the City of Merced, Parks & Community Services Department regarding all program fees, enrollment guidelines, schedule of events, and other policies specified. I understand and agree that the City of Merced, a chartered municipal corporation will not assume responsibility for a child who has not been properly signed in when he/she arrives for the day or signed out when he/she leaves for the day

**Late Pickup**

Child protective services may be notified if participants remain more than an hour without contact from the parent. Habitual tardiness could result in dismissal from the program.

**Consent to Treat Minor**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by City of Merced employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

**Field Trips/Transportation**

Field trips provide a fun, interesting change of pace for participants and are not optional, as they are a part of the structured activities of camp. As a result, no alternate activities are planned. Parents that do not wish their children to participate must make personal arrangements for care that day; no adjustment in program fees will be made. Transportation for trips may include public transit, chartered bus, city or county owned vehicles, walking or any combination therein. Due to transportation schedules, all times are approximate. I consent to all field trips offsite as defined by the City of Merced Pickleball Hockey Program.

**Refund Policies**

Refunds/credit will only be available the same day when registering for summer program with cash only. Credit card transaction will only be credited. There will be no refunds if participant attends at least one day of program. If you are unable to attend summer program after you have registered, you will not be refunded, but only be credited into our system. If you are unable to attend scheduled paid week, transfer to another week is allowed. There will be no refunds. For additional questions, call 209-385-6235.

**Participant’s Name:** \_\_\_\_\_  
(please print)

**Parent/Guardian Name:** \_\_\_\_\_  
(please print)

**Parent/Guardian Signature:** \_\_\_\_\_

**CITY OF MERCED  
RECRATIONAL PARTICIPANT EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER AND  
INDEMNITY AGREEMENT**

**PROGRAM: City of Merced Pickleball Program**

**No PARTICIPANT may participate with the Program unless and until this form is initialed & signed by  
the PARTICIPANT (or the PARTICIPANT's parent/legal guardian if applicable)**

**EXPRESS ASSUMPTIONS OF RISK**

Recreational sports and activities **INVOLVE INHERENT RISKS OF INJURY, DEATH OR PROPERTY DAMAGE** that no amount of care, caution, instruction, or expertise can eliminate. Participation in recreational sports and activities **ALSO EXPOSES ONE TO ADDITIONAL RISKS**, whether inherent or not, caused by things such as conditions of property, equipment provided or conduct of others, including other participants, spectators, or employees/agents/independent contractors of the City of Merced. These risks can be encountered whether or not actually participating in the recreational sport or activity. **PARTICIPANT FREELY ASSUMES ALL RISKS WHETHER OR NOT SPECIFICALLY DELINEATED.** \_\_\_\_\_ (Initial)

**RELEASE AND WAIVER OF LIABILITY**

In consideration for permission to participate in the program, the undersigned agrees to **FOREVER RELEASE, DISCHARGE, AND WAIVE ANY AND ALL LIABILITY CLAIMS OR DEMANDS AGAINST THE CITY OF MERCED** or their employees/agents/independent contractors/volunteers ("Releasees") that the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDENT(S)** has or might have against Releasees, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. \_\_\_\_\_ (Initial)

**INDEMNITY**

In consideration for permission to participate in the program, the **UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), or DEPENDANT(S) AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND** Releasees from any legal obligation or liability, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. The duty to defend exists independently of any duty to indemnify. \_\_\_\_\_ (Initial)

**COVID-19 POLICIES AND PROCEDURES**

I certify, to the best of my knowledge, that my child is not experiencing symptoms, and/or have not been exposed to COVID-19 or its variants. \_\_\_\_\_ (Initial)

**ACKNOWLEDGEMENT**

By signing the **THIS EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER, AND INDEMNITY AGREEMENT ("AGREEMENT")**, the undersigned acknowledge(s) that: (1) participation in recreational sports and activities is voluntary and does not involve public interests; (2) that the **AGREEMENT** has been read and understood; and (3) that the **AGREEMENT** is a contract that **EXTINGUISHES CERTAIN LEGAL RIGHTS AND IMPOSES OTHER LEGAL OBLIGATIONS**. Failure to initial where indicated above does not invalidate the **AGREEMENT**. Additionally, if the Participant is a minor his or her custodial parent or legal guardian must read and execute this **AGREEMENT** and by signing agrees to be bound by the **AGREEMENT** and agrees to bind the minor to the **AGREEMENT**.

*Please complete all sections below in order for the waiver to be considered complete. Thank you.*

Participant's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_ Relation \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Clear)

## Pickleball Programs Rules & Regulations

- \*Participants must remain in designated areas at all times.
- \*Participants are expected to treat staff respectfully and to follow their instructions at all times.
- \*Participants must respect others and their property and keep their hands, feet, and objects to themselves.
- \*Use of profanity and/or inappropriate language is strictly prohibited.
- \*The City has a zero tolerance policy for violence, threats of violence, teasing, name-calling, harassing, antagonizing, taunting and/or bullying. Violation of this policy will result in immediate suspension.
- \*Participants are expected to clean up after themselves and keep their workspace tidy.
- \*Shirts and closed-toe shoes must be worn by Participants at all times.
- \*Neither the City of Merced nor its staff are responsible for any lost or stolen items.
- \*All disciplinary actions will be at the discretion of the program supervisor, depending upon the severity of the infraction.
- \*Staff reserves the right to refuse entrance to any individual for any reason.

I have read and agree to the above Pickleball Street Hockey and Regulations.

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Signature of Parent/Guardian

Date

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Signature of Participant

Date

**Disciplinary Action**

The following are disciplinary steps, which are to be taken in dealing with children in the programs and facilities offered by The City of Merced Parks and Community Services.

- 1<sup>st</sup> Offense      Verbal warning and/or time out.
- 2<sup>nd</sup> Offense      Verbal warning and longer period of time out, possible loss of participation in activities and removal from program (1) day minimum, maximum removal 365 days.
- 3<sup>rd</sup> Offense      Verbal warning, parents will be notified and meet with program supervisor, possible suspension from program or facility (behavior contract). Participants dismissed from programs for two days minimum, maximum removal 365.

Due to offenses varying in severity, The City of Merced Parks & Recreation Department staff reserves the right to discipline accordingly, to include automatic suspension. Severe offenses include but not limited to the following: violence or fighting, sexual misconduct, vulgar language, disrespect and/or defiance of program or facility staff, use of drugs or alcohol, etc.

I have read the above Disciplinary Policy for The City of Merced Parks & Community Services for The Pickleball Street Hockey Program.

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Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Late Pick Up**

Date: \_\_\_\_\_  
 What time was the child picked up? \_\_\_\_\_  
 When can the child return? \_\_\_\_\_  
 Program Leader's Name: \_\_\_\_\_

Date: \_\_\_\_\_  
 What time was the child picked up? \_\_\_\_\_  
 When can the child return? \_\_\_\_\_  
 Program Leader's Name: \_\_\_\_\_

Date: \_\_\_\_\_  
 What time was the child picked up? \_\_\_\_\_  
 When can the child return? \_\_\_\_\_  
 Program Leader's Name: \_\_\_\_\_

**Late Pick Up Steps:**

- 1<sup>st</sup> Warning
- 2<sup>nd</sup> Warning, two (2) days off from the program
- 3<sup>rd</sup> Warning one (1) week off from the program, parent(s) must meet with the program supervisor
- 4<sup>th</sup> Warning, minimum of one (1) month and a maximum of one year

**If parents are 30 minutes late picking up a child, the Child Protective Services will be notified, and the child will be removed from the program for two (2) days.**