

THE

an after school program for middle school students

Underground



- homework time & help
- sports
- pizza parties
- supervision
- big screen movie days
- events
- arts & crafts
- video games

register anytime and we will pro-rate!

Need help getting to the AHCCC after school?
Call 818-880-2993 for transportation options.

the underground:

\$100 Wed only (per semester)

\$300 M-F (per semester)

\$550 M-F (full school year)

after school rock climbing:

\$120 Tue 4:30-5:30p (10 weeks)



These programs
follow the LVUSD
school schedule.

www.ahccc.org



TO REGISTER

Submit a registration form to the AHCCC
27040 Malibu Hills Rd, Calabasas 91301
Ph: 818-880-2993 • Fx: 818-880-2993

Staff Initials: _____



Agoura Hills/Calabasas
COMMUNITY CENTER

► **SUBMIT TO AHCCC**

Agoura Hills/Calabasas Community Center

27040 Malibu Hills Road, Calabasas, CA 91301 • Phone: (818) 880-2993 • Fax: (818) 880-2953 • www.ahccc.org

11-12 Registration Form

Register in person, by mail or fax. Please print clearly and call to confirm your enrollment. One form per child.

Parent Information		
Adult First Name:	Adult Last Name:	
Street:	City:	Zip:
Home Phone:	Work Phone:	
Emergency Phone:	Email:	

Participant Information		
Child Name:	Birthday:	School:

Program	Fall 2011	Winter 2012	School Year
	<input type="checkbox"/> M-F (\$300)	<input type="checkbox"/> M-F (\$300)	<input type="checkbox"/> M-F (\$550 - SAVE \$50)
	<input type="checkbox"/> Wed only* (\$100)	<input type="checkbox"/> Wed only* (\$100)	<input type="checkbox"/> Wed only* (\$200)
After School Rock Climbing	<input type="checkbox"/> Tue, 4:30-5:30p, 9/13-11/5 (\$120)	<input type="checkbox"/> Tue, 4:30-5:30p, 1/17-3/21 (\$120)	

* Intended for A.C. Stelle Early Release Days

Total: \$

Payment Information		
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # (payable to AHCCC) <input type="checkbox"/> Credit Card		
Name on card:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	
Card Number:	3 Digit Code:	Expiration Date (mm/yy):

General Release, Waiver and Indemnity Agreement

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it. **PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the Child.

Adult Signature (required):	Date:
Please indicate if the participant has any special needs: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Learning Impaired <input type="checkbox"/> Other:	

Staff Initials: _____



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11-12 General Release, Waiver and Indemnity Agreement

The parent or legal guardian of the named minor must sign this waiver in front of a staff member. Please print clearly.

Contact Information			
Participant Info	First Name:	Last Name:	Date of Birth:
	Street:	City:	Zip:
Father's Info	First Name:	Last Name:	Email:
	Home Phone:	Work Phone:	Cell Phone:
Mother's Info	First Name:	Last Name:	Email:
	Home Phone:	Work Phone:	Cell Phone:
Emergency Information			
Emergency Contact #1	First Name:	Last Name:	Relationship:
	Home Phone:	Work Phone:	Cell Phone:
Emergency Contact #2	First Name:	Last Name:	Relationship:
	Home Phone:	Work Phone:	Cell Phone:
Doctor Information	First Name:	Last Name:	Phone:
	Insurance Company:	Policy Number:	
Medical Information	Please indicate below if the participant has any special needs: <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Learning Impaired <input type="checkbox"/> Other:		
	Name any special medical or physical conditions that we should be aware of (including allergies):		
	Is your child taking any special medications? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Please list here:		
<p>X _____ GENERAL RELEASE: I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.</p> <p>X _____ PHOTO RELEASE: I give permission to the Agoura Hills/Calabasas Community Center to use photographic reproductions of me for marketing purposes.</p> <p>X _____ ROCK CLIMBING RELEASE: I acknowledge and agree that the sport of rock climbing and the use of the Agoura Hills/Calabasas Community Center climbing wall has inherent risks. I have full knowledge of the nature and extent of all the risks associated with rock climbing and the use of the rock climbing wall. Injuries from climbing and belaying can result in paralysis or death. No safety equipment can guarantee risk free climbing. Safety equipment is not failure proof: the possible failure of safety equipment is an inherent risk of climbing or belaying. I am in good health and have no physical limitations which would prevent my safe use of the climbing wall and I am not under the influence of drugs or alcohol, which would impair my ability to climb safely.</p> <p>X _____ PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the Child.</p>			
Parent/Legal Guardian Signature:			Date:

Staff Initials: _____



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11-12 Behavioral Contract

Child First Name:	Child Last Name:	
Parent First Name:	Parent Last Name:	
Middle School:		Grade:

General Rules

In an effort to provide the best possible experience for all participants, it is mandatory that all students adhere to the following rules:

- 1. Treat Others How You Would Like To Be Treated**
Be courteous, respectful and considerate of others. This applies to anybody who may be at the Center (which may include staff, other participants, members, guests, parents, vendors, etc.). On that note, if you are having a problem with somebody, please inform a counselor.
- 2. Treat the Property Respectfully**
Vandalism or defacing the property and any AHCCC belongings in any way is strictly prohibited.
- 3. Listen to and be Respectful of Staff**
Follow all rules and direction given to you by a counselor.
- 4. You Must Be Supervised**
You may not wander around the Community Center unsupervised. You must be in a supervised area at all times. If you must leave the designated area for any reason, approval from a counselor is required.

Consequences

If any of the above rules are violated, as determined by the counselors of the program, we will take the following disciplinary action:

Warning ► smaller infraction

When a rule is broken, a warning will be given. All warnings are documented and kept on file and parents will be notified of all warnings given.

Strike ► larger infraction

There are 2 ways to get a strike; either by accruing 3 warnings or if a counselor determines a strike is warranted based on the child's behavior. All strikes are documented and kept on file and parents will be notified of all strikes given. Strikes come with following penalties:

- Strike 1 ► 1-day suspension from the program
- Strike 2 ► 1-week suspension from the program
- Strike 3 ► Expulsion from the program, no refund.

Special Note:

If a registered Teen Program participant is at the Community Center during the hours of the Teen Program, they must be supervised by AHCCC staff. The only exception to this rule is when a Teen Program participant is also enrolled in another league, class or program that takes place at the Community Center during the Teen Program hours.

I have read and understand the terms and conditions of this contract and agree to abide by them.

Child Signature:	Date:
Parent Signature:	Date:

Staff Initials: _____