



# SOCIAL RECREATION COMMUNITY HUB REGISTRATION FORM 2026

Email or print and return to: Look at Charles, 2650 Truxton Road, Suite 203, San Diego, CA 92106  
Private Pay Checks should be payable to Look at Charles  
Approval from Regional Center Clients should be sent to elizas@lookatcharles.org prior to starting.

DAYS/HOURS AVAILABLE: ANY \_\_\_ M \_\_\_ TUES \_\_\_ W \_\_\_ THURS \_\_\_ F \_\_\_ SAT \_\_\_ SUN \_\_\_ MORNING \_\_\_ AFTERNOON \_\_\_ EVENING \_\_\_

PARTICIPANT NAME \_\_\_\_\_ M \_\_\_ F \_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ CURRENTLY ATTENDING SCHOOL \_\_\_\_\_

LEVEL OF CARE NEEDED NONE \_\_\_ MINIMAL \_\_\_ OFTEN \_\_\_ ALWAYS \_\_\_

PLEASE EXPLAIN LEVEL OF CARE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

EMAIL (REQUIRED) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

EMERGENCY CONTACT INFORMATION \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

SECONDARY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

MEDICAL CONDITIONS INSTRUCTORS SHOULD KNOW ABOUT: \_\_\_\_\_

Please note Look at Charles nor its employees or volunteers will not dispense any medication, prescribed or over the counter or administer the EPI pen.

Please note participants' individualized needs, accommodations needed due to a disability so we may discuss *any reasonable modifications*.

---

**PHOTO CONSENT:** From time to time the LOOK at CHARLES will feature its programs in the local newspaper, Look at Charles Social Recreation Facebook Page, and the Look at Charles Website. While the intent of this practice is to be informational, we respect the individual's right to privacy. To provide parents and participants with the option to exercise their right to privacy, the Look at Charles Social Recreation department is providing the opportunity to have individual names and pictures removed from all lists and publications. I hereby grant permission for myself and/or child as parent/guardian and on behalf of any other named person in this application, hereby authorize and consent to the use of his/her visual image by the Look at Charles and the Look at Charles Recreation Department for appropriate purposes, including but not limited to still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

Initial here if you DO NOT consent to the photo release \_\_\_\_\_

(cont'd on next page)

**Indemnification and Hold Harmless Agreement**

**Release:** I and on behalf of myself and/or child who are listed in this application hereby release the Look at Charles, the Look at Charles Social Recreation Hub and any of its employees, from any and all liability from bodily injury, personal injury and/or property damage that may occur on premises or as a result of our participation in the Look at Charles Social Recreation Hub program. The participant named in this application individually or through their parent or guardian, hereby agrees to protect, indemnify and hold harmless the Look at Charles, its officers, directors, employees, officials, volunteers, agents, subcontractors and affiliates (collectively referred to as "Indemnified Parties") from and against any and all liabilities, losses, damages, costs, expenses (including attorney's fees and expenses), causes of actions, suits and claims of any nature whatsoever. Such indemnification shall include but not be limited to, matters arising from, based upon, or relating to (a) Personal Injury or death to, or damage to or loss of property of, loss of use of property, to any person caused in whole or in part by the negligence of the Indemnified Party in connection with such indemnified party's involvement or participation in the afore-mentioned activity.

**E-signature:** By signing electronically, you agree that your e-signature is your valid signature and has the same effect as signing by hand.

**Signature**

Parent/Guardian/Conservator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Minor Participant Name \_\_\_\_\_

Adult Participant Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

IF Name \_\_\_\_\_ Email address \_\_\_\_\_

RC Coordinator \_\_\_\_\_ Email Address \_\_\_\_\_

FMS Name \_\_\_\_\_ Email Address \_\_\_\_\_

Office use only: Date _____ Amount rec'd _____ Check # _____ Cash _____ CC _____ PP _____ RC Traditional _____ SDP _____ Approved _____
--

**Social Recreation Community Hub, if applicable**  
**Fee** \_\_\_\_\_