



City of Manteca, Parks and Recreation Department
252 Magnolia Avenue, Manteca, CA 95337
(209) 456-8600 www.mantecagov.com/parks

JR. RECREATION LEADER APPLICATION

Child's Last Name	Child's First Name	M.I.	Child's Email Address	Application Date:
Address	City	State	ZIP	Home Phone Number: ()
Date of Birth:		Age:	School:	Alternative Phone: ()
				Current grade (in Fall)

1. List experiences that have prepared you to be a Jr. Recreation Leader:

2. Describe why you are interested in becoming a Jr. Recreation Leader:

3. List your hobbies and other interests that you enjoy in your free time:

4. Do you have previous experience or training with children? Yes No If yes, please describe:

By signing below, I understand that if my child is chosen to be a Jr. Recreation Leader, they are making a commitment to the City of Manteca, Parks & Recreation Department to assist the Department staff. I also acknowledge that any display of behavior by my child that is a poor example to participants or any disrespectful behavior toward staff will result in their immediate dismissal without a refund from the Jr. Recreation Leader Program.

Parent/Guardian Signature: _____

Date: _____

PROGRAM LOCATION / DATES

Available Kids Zone Program Locations:

Stella Brockman Brock Elliott McParland Main Site McParland Annex Neil Hafley
New Haven Joshua Cowell Walter Woodward Veritas Summer Camp

Available Dates and Times:

Dates: Mondays Tuesdays Wednesdays Thursdays Fridays Times: AM PM

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

Mother/Legal Guardian's Name: _____ Phone: _____ Email: _____

Father/Legal Guardian's Name: _____ phone: _____ Email: _____

EMERGENCY/MEDICAL INFORMATION

Please list an emergency contact in case neither parent can be reached.

Emergency Contact: _____ Relationship: _____ Phone: _____

Name of child's physician: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Does your child have any allergies or special needs that we need to be aware of? Yes No

If yes, please describe:

Does your child take any medications? Yes No If yes, please list the medications and at what times your child takes the medication: _____

The following people have permission to pick up my child (in addition to parents/legal guardians):

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

AUTHORIZATION FOR THE TREATMENT OF A MINOR

Permission for medical treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. I authorize a staff member of the City of Manteca to notify emergency personnel and the above-named physician for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at any expense.

I also grant permission to the City of Manteca Parks and Recreation staff to allow my minor child to sign themselves in and out of this program.

Print Name: _____

Signature: _____ Date: _____

**THIS FORM MUST BE SIGNED BY THE PARENT/LEGAL GUARDIAN OR
YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN OUR PROGRAM.**