



Lompoc Teen Center Summer 2026 Registration

Register Online
Scan or Visit
lompocteencenter.org/register



Student Member Information

1. First Name

2. Last Name

3. Preferred Name

4. Date of Birth 5. Gender F M

6. Pronouns He/Him/His She/Her/Hers They/Them/Theirs

7. School 8. Grade

9. Residential Address Apt./Unit

10. City 11. Zip Code

12. Phone SMS

13. Ethnicity and Race (For statistical purposes only. Select all that apply.)

White - Hispanic American Indian/Alaskan Native - Non-Hispanic Black/African American & White - Hispanic

White - Non-Hispanic Native Hawaiian/Other Pacific Islander - Hispanic Black/African American & White - Non-Hispanic

Black/African American - Hispanic Native Hawaiian/Other Pacific Islander - Non-Hispanic Am. Indian/Alaskan Native & Black/African American - Hispanic

Black/African American - Non-Hispanic American Indian/Alaskan Native & White - Hispanic Am. Indian/Alaskan Native & Black/African American - Non-His.

Asian - Hispanic American Indian/Alaskan Native & White - Non-Hispanic Other Multi-Racial - Hispanic

Asian - Non-Hispanic Asian & White - Hispanic Other Multi-Racial - Non-Hispanic

American Indian/Alaskan Native - Hispanic Asian & White - Non-Hispanic

Student Member Medical Information

1. Medical Conditions (Select all that apply.)

No Medical Concerns Diabetes

Allergies Epilepsy/Seizure Disorders.

Asthma Headaches/Migraines

Behavioral/Mental Health Heart Conditions

Blood Disorders Hearing/Vision Impairs.

Chronic Illnesses Physical Disability

Other: _____

2. Allergies

3. Medications Dose/Frequency

4. Assistive Devices

5. Treatments Duration/Freq.

6. Emergency Contact Name

7. Relationship 8. Phone

9. Residential Address Apt./Unit

10. Physician Name

11. Clinic 12. Phone

13. Insurance Provider 14. Insurance ID

Parent/Legal Guardian Information

1. First Name

2. Last Name

3. Relationship 4. Phone

5. Residential Address Apt./Unit

6. City 7. Zip Code

8. Email

Financial Information

1. Is your household a single-parent household? N Y

2. Are you the head of your household? N Y

3. Total Household Size

4. Total Household Income (Monthly Gross)

5. Does anyone in your household receive any form of government assistance? (Select all that apply.)

CalFresh Medical SSDI/SSI TANF

Staff Use Only

1. Registration Date

2. Staff Member

3. Registration Fee(s) LTC (\$50)

4. Payment Method Cash Check Online

5. Scholarship \$

Summer Camps

The Lompoc Teen Center partners with the Firework Foundation and the County of Santa Barbara to provide student members exclusive access to **Camp Firework** and the **Santa Barbara County Junior Lifeguard** program at no additional cost.

Camp Firework

Camp Firework is an overnight camp experience where students explore art, design, and self-expression through engaging projects and collaborative activities.

Santa Barbara County Junior Lifeguard

The Santa Barbara County Junior Lifeguard program is a fun and educational program that trains students with the skills required to be a Santa Barbara County Beach Lifeguard, including ocean rescue recognition and rescue techniques, use of a paddle board, first aid, and CPR.

CAPACITY IN CAMP FIREWORK AND THE SANTA BARBARA COUNTY JUNIOR LIFEGUARD PROGRAM IS LIMITED AND OFFERED ON A FIRST COME, FIRST SERVED BASIS. COMPLETING THIS SECTION INDICATES INTEREST AND DOES NOT GUARANTEE PARTICIPATION.

1. Is your teen interested in attending Camp Firework?

N Y

2. Is your teen interested in joining the Junior Lifeguard program?

N Y

Open Door Policy

Parent/Guardian
Initials

The Lompoc Teen Center (LTC) maintains an open door policy that allows student members to check-in and check-out independently. I, the undersigned parent or legal guardian, acknowledge that the LTC holds no responsibility or liability for student members once they have checked-out from the LTC.

Acknowledgment of Receipt of the Lompoc Teen Center Catalog and Student Member Code of Conduct

Parent/Guardian
Initials

I, the undersigned parent or legal guardian, acknowledge that I have received, read, and understood the Lompoc Teen Center Catalog and Student Member Code of Conduct, and agree to abide by its policies and guidelines alongside my student member.

Audio/Photo Release

Parent/Guardian
Initials

I, the undersigned parent or legal guardian of the student member, a minor, hereby grant the Lompoc Teen Center (LTC) and its representatives the irrevocable right and permission to photograph, film, record, and use the student member's name, voice, image, and likeness in any and all forms of media, including but not limited to photographs, video recordings, and audio recordings (collectively, "Materials"), for the purposes of promoting, publicizing, and documenting the activities and events of the LTC. I understand and agree that these Materials may be used by the LTC in promotional materials, including but not limited to print, digital, and social media platforms, without any further approval from me or any payment to me or the student member. I waive any right to inspect or approve any Materials before they are used or released by the LTC. I hereby release and discharge the LTC, its board, staff, volunteers, agents, partners, and sponsors from any and all claims, liabilities, or damages that may arise from the use of the Materials, including but not limited to any claims of invasion of privacy, defamation, or infringement of copyright or other intellectual property rights. I represent and warrant that I am the parent or legal guardian of the student member and that I have the legal authority to execute the release on the minor's behalf. I have read and fully understand the contents of this release and voluntarily agree to its terms.

Student Transportation Authorization

Parent/Guardian
Initials

I, the undersigned parent or legal guardian, grant permission for my student member to be transported in the Lompoc Teen Center (LTC) approved vehicles for official LTC purposes, including but not limited to activities, events, excursions, and programs. I understand that all safety precautions will be taken, and I accept the inherent risks associated with the transportation of students.

Authorization to Treat a Minor

Parent/Guardian
Initials

I, the undersigned parent or legal guardian, hereby grant permission for the Lompoc Teen Center (LTC) staff or designated personnel to obtain medical treatment for my student member in case of illness or injury. I understand that every effort will be made to contact me before seeking such treatment, and I accept full financial responsibility for any related expenses.

Release from Liability, Assumption of Risk, and Indemnity Statement

Parent/Guardian
Initials

I, the undersigned parent or legal guardian, hereby release the Lompoc Teen Center (LTC) and its board, staff, volunteers, agents, partners, and sponsors from any liability for injury, loss, or damage resulting from my student member's participation in LTC activities, events, excursions, or programs.

I, the undersigned parent or legal guardian, acknowledge and accept that my student member's participation in Lompoc Teen Center (LTC) activities, events, excursions, or programs may involve inherent risks, including but not limited to physical injury or harm. I assume all risks associated with my student member's involvement in these activities, events, excursions, and programs.

I, the undersigned parent or legal guardian, hereby agree to indemnify, defend, and hold harmless the Lompoc Teen Center (LTC), its board, staff, volunteers, agents, partners, and sponsors from and against any claim, liabilities, or expenses, including reasonable attorney fees arising out of or related to my student member's participation in LTC activities, events, excursions, or programs.

I, the undersigned parent or legal guardian, confirm that I have read and understood the above statements and recognize their legal implications, including the prevention of suing the Lompoc Teen Center (LTC), its board, staff, volunteers, agents, partners, or sponsors in the event of injury or damage arising from my student member's participation in LTC activities, events, excursions, or programs. I acknowledge that no oral representations, statements, or inducements have been made.

Parent/Guardian Name

Parent/Guardian Signature

Date