

# Lake View Terrace Recreation Center

11075 Foothill Blvd., Lake View Terrace, CA 91342. 818-899-8087. Lakeviewterrace.reccenter@lacity.org

## Youth Class Registration Form

Please make checks payable to "City of Los Angeles". Monthly classes are on-going and **should be paid by the 5<sup>th</sup> of each month**. Class payments shall be made prior to participating in the activity. All programs and classes are subject to change or cancellation, due to center needs or low enrollment.

### Participant Information

Participant's Last Name: _____	First Name: _____
New Student: Yes ___ No ___	Birthday: _____ Age _____ Male ___ Female ___
Parent/ Guardian's Last Name: _____	First Name: _____
Address: _____	City: _____ Zip Code: _____
Cell Phone #: _____	Home/Work Phone #: _____
Email: _____	
Emergency Contact Last Name: _____	First Name: _____
Emergency Contact Relation: _____	Emergency Contact Phone #: _____

### Class Information

\*Please list the classes that you would like to register for. Staff will fill in the rest of the information.

\* ONLY one form needed per participant. Use form until full, then fill out a new form.

CLASS _____	CLASS _____
CLASS _____	CLASS _____
CLASS _____	CLASS _____

### PARENT/GUARDIAN CONSENT FORM

I the undersigned, give permission for my child, whose name appears above, to participate in this program. I understand the nature of this activity and know the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents and employees from any liability in connection with any injury to my child in connection with this program. I understand that the Recreation Facility CARRIES NO INSURANCE. I, the undersigned parent/guardian of the child whose name appears above on this form, a minor, do hereby authorize LAKE VIEW TERRACE RECREATION CENTER as agents for the undersigned to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned said physician in the exercise of their best judgment may deem advisable. I also authorize Lake View Terrace Recreation Center Staff, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness, physical image and/or voice as for use with the Program's publicity marketing and/or advertising materials. This authorization shall remain effective for the duration of the program I have registered for, unless revoked sooner in writing and delivered to said agent.

\_\_\_\_\_  
Parent/Guardian PRINT NAME

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
DATE

### REFUND POLICY

A 15% administration fee will be accessed on **all refunds**. No full refunds will be issued unless a class/program is cancelled by a recreation center. **NO REFUNDS** after the third class of the session.

