



City of Los Angeles
 Department of Recreation and Parks
 Toberman Recreation Center



1725 Toberman Street Los Angeles, CA 90015
 Phone: 213-485-6896; Toberman.recreationcenter@lacity.org

GPLA Class Registration Form

CLASS: _____

PARTICIPANT INFORMATION

Participant's Last Name: _____ First Name: _____ M F

Address: _____ City _____ Zip Code _____

Birthday: ____/____/____ Age: ____ School: _____ Grade: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Parent's Name: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY, if I cannot be reached:

Name: _____ Phone Number: (____) _____ Relationship _____

Name: _____ Phone Number: (____) _____ Relationship _____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

PARENT/GUARDIAN PERMISSION

I hereby authorize my son/daughter _____ to travel (bus, van or walking) to any field trip/outing/school pickup/ bus stop pick up in association with _____ RECREATION CENTER, including walking from school with staff to _____ Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

(I)/ (We), the undersigned parent (s) of _____, a minor, do hereby authorize the **DIRECTORS AND STAFF OF _____ RECREATION CENTER** as agent (s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician (M.D.), dentist (D.D.S.) or surgeon licensed under the provision of the Medical Practice Act, or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. **CALIFORNIA SECTION 25.8 CIVIC CODE.** It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. I further relieve the Department of Recreation and Parks, City of Los Angeles, and its officers, agents or employees of any liability in connection with this request.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

DATED: _____ PARENT OR GUARDIAN SIGNATURE: _____



Payment Ledger



Month	Receipt #	Amount Paid	Received By

NOTE: A new registration form is required yearly.