

CLASS REGISTRATION FORM

Please fill in registration form completely and return it with payment by **credit/debit card, check or exact cash only**. Please print clearly. Use one form per family. Applications cannot be processed without the form fully completed nor without a payment. A collection fee will be charged for each check returned by the bank.

Name (Parent/Guardian): _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Address: _____ City: _____ Zip: _____

Secondary/Emergency Contact Name: _____

Primary Phone: _____ Alternate Phone: _____

DAY	TIME	NAME OF CLASS	FEE	PARTICIPANT (First & Last Name)	M/F	AGE	DATE OF BIRTH

REFUND POLICY: A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the patron. Full refunds will only be issued if the program is cancelled by the Recreation Center.

CONSENT: By registering, you understand that you are giving your authorization to participate in the David M. Gonzales Recreation Center programs and all activities therein. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on 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 authorization is given in advance of any specific consent.

PHOTO RELEASE: By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and the David M. Gonzales Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read, understand, and agree to abide by the above mentioned policies and practices.

Signature of Parent/Guardian: _____ Date: _____

FOR STAFF / OFFICE USE ONLY

RW#:	Date:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> CREDIT CARD	AMOUNT:	INITIALS:
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