



LINCOLN HEIGHTS YOUTH CENTER REGISTRATION APPLICATION

Please print clearly/ Por favor imprime claramente

MEMBER INFORMATION/ INFORMACIÓN DE MIEMBRO

First Name/Primer Nombre: Last Name/Apellido: Date of Birth/Dia de Nacimiento: Age/Edad: Gender/Género: Address/Dirección: City/Ciudad: State/Ciudad: Zip/Codigo Postal: EMAIL: Phone #/ # de Teléfono: Cell #/ # de Teléfono celular: Emergency Contact/Contacto de Emergencia: Phone #/ # de Teléfono:

INFORMATION REQUIRED FOR MINORS (MEMBERS UNDER 18)/ INFORMACIÓN REQUERIDA PARA MENORES (MIEMBROS MENORES DE 18)

Parent/Guardian Name/ Padre/Guardián: Phone #/ # de Teléfono:

CONSENT TO TREATMENT (MINORS & ADULTS)/ AUTORIZACIÓN DE TRATAMIENTO (MENORES Y ADULTOS)

I, as the parent and /or legal guardian of the minor participating in this program/ and or I as a member, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital.

AUTHORIZATION TO PARTICIPATE/ AUTORIZACIÓN PARA PARTICIPAR

My child, a minor, has my permission to participate in Lincoln Heights Youth Center Programs and all the activities therein, including chartered vehicles for trips. By my child's participation in the program I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by camp staff to provide a safe environment and ensure the safety of my child.

I, the undersigned, as parent/guardian of the above name minor, do hereby authorize and consent for my child to participate in the athletic program. I have read and understand the above Consent Form. Yo, el abajo firmante, como padre / guardián del nombre anterior menor, por la presente autorizo y consiento que mi hijo participe en el programa atlético.

I, the undersigned member, do consent to participate in the athletic program. I have read and understand the above Consent Form. Yo, el miembro que suscribe, doy mi consentimiento para participar en el programa atlético.

Parent Signature/ Firma de Padre/Guardián: Date/Fecha:

Applicant's Signature/ Firma del Apicante: Date/Fecha:

OFFICE USE ONLY

RECEIVED BY: DATE RECEIVED: HOUSEHOLD CODE: CIRCLE ONE: YOUTH ADULT SENIOR

ACTIVITIES PARTICIPATION

Table with 6 columns: Activity, Participation, Receipt #, etc. Rows include Monthly Membership, Senior Membership, LA Kids Classes, Weightlifting, Boxing, Muay Thai, Adult Roller Hockey, Youth Roller Hockey, Self Defense, Cooking, Cardio Classes, Soccer.

LINCOLN HEIGHTS YOUTH CENTER PAYMENT TRACKING SHEET

Please print clearly/ Por favor imprime claramente

Member Name: _____ Household Code: _____ SKU # _____

JANUARY • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

FEBRUARY • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

MARCH • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

APRIL • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

MAY • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

JUNE • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

JULY • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

AUGUST • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

SEPTEMBER • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

OCTOBER • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

NOVEMBER • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

DECEMBER • TYPE: _____

DATE: _____ AMOUNT \$: _____
CHECK#: _____ CASH: _____ CC: _____
RECEIVED BY: _____ RR#: _____
NOTES: _____

Lab Coat Squad Session: Winter RR#: _____ Date: _____ Spring RR#: _____ Date: _____
 Summer RR#: _____ Date: _____ Fall RR#: _____ Date: _____

Little Chefs Cooking Class Session: Winter RR#: _____ Date: _____ Spring RR#: _____ Date: _____
 Summer RR#: _____ Date: _____ Fall RR#: _____ Date: _____

Karfty Kids Session: Winter RR#: _____ Date: _____ Spring RR#: _____ Date: _____
 Summer RR#: _____ Date: _____ Fall RR#: _____ Date: _____