



City of Los Angeles Department of Recreation and Parks

HH #: \_\_\_\_\_

**Woodland Hills Recreation Center**

5858 Shoup Ave., Woodland Hills, CA 91367 • (818) 883-9370 • [www.laparks.org](http://www.laparks.org)

**NO REFUNDS WILL BE ISSUED ONE WEEK PRIOR TO PROGRAM START DATE.  
15% and \$35 fee for ALL refunds**

Participant: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Emergency Contact's Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

PLEASE FILL IN ALL CLASSES THE PARTICIPANT IS ENROLLING IN					Session/Year:	
Name of class	Day	Time	Fee	RW# (Office use only)	Payment type	Notes

**ACKNOWLEDGEMENT of POLICIES and RELEASE of LIABILITY**

- I give permission for my child/myself, to participate in the Woodland Hills Recreation Center classes/activities. I understand the nature of the classes/activities and the experience and capabilities required.
- Participants must have reached the minimum age for classes by the first day. Proof of age may be required.

**LIABILITY & MEDICAL ATTENTION**

- I, the undersigned, agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents, and employees from any liability from injuries to myself and/or any above listed participant in connection with activities in this program. I hereby authorize the City of Los Angeles to act as agent for the undersigned, to consent for any X-Ray examination, anesthetic medical, or surgical diagnosis, treatment/hospital care which is deemed advisable by and 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 diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I understand that neither the Woodland Hills Recreation Center, nor the City of L.A. Dept. of Recreation and Parks carries insurance.

**REFUNDS**

- I understand that no refunds will be issued to patrons making false statements on registration forms. Proof of statements may be requested. A non-refundable 15% administration fee and \$35 will be assessed for any refunds, transfers, changes. No refunds will be issued ONE week prior to the classes/programs start date. Full refunds will only be issued if class is cancelled by the Woodland Hills Recreation Center.

**CLASS MAKE-UPS**

- I understand that any class cancelled by the Woodland Hills Recreation Center will be made up at the end of the session. Class will not be made up for participant's absence, including reasons of illness. The fee will remain the same regardless when a student registers and begins the class.

**PHOTO RELEASE**

- By enrolling your child (children) in Park activities/programs, you agree to allow the City of Los Angeles Department and Parks and the Woodland Hills Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity material free of any fee or usage charge unless otherwise notified.

*Woodland Hills Recreation Center administration reserves the right to cancel or combine any class due to low enrollment*

*I have read and understand Woodland Hills Recreation Center's Release of Liability, Refunds, Make-up, and Photo Release.*

**Print Name (Parent)**

**Signature**

**Date**