



City of Los Angeles Department of Recreation and Parks
 Branford Recreation Center
2023 - 2024 AFTER SCHOOL APPLICATION



Participant's Information:

Last Name: _____ First Name: _____ Gender: _____
 Date of Birth: ____/____/____ Age: ____ School: _____
 Room # _____ Grade: _____ Pick -up location: _____ Teacher's Name: _____

Parents / Guardians Information:

Parent/Guardian Name 1: _____ Legal Custody: YES or NO
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Ph: _____ Home Ph: _____
 Work Ph: _____ Email: _____

Parent/Guardian Name 2: _____ Legal Custody: YES or NO
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Ph: _____ Home Ph: _____
 Work Ph: _____ Email: _____

Emergency Contact :

Name: _____ Relationship to child: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Ph: _____ Home Ph: _____
 Work Ph: _____ Email: _____

AUTHORIZED PICKUP LIST:

Please list both parents/legal guardians and all individuals authorized to pick up your child. Any individual, who did not drop off your child, will be required to show photo identification to pick-up your child. In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name _____ Relationship _____ Phone# _____
 Name _____ Relationship _____ Phone# _____
 Name _____ Relationship _____ Phone# _____
 Name _____ Relationship _____ Phone# _____

Please Name of any person (s) specifically **NOT** to sign out the child named above:
 Please note: If the named person is a biological parent, written documentation by the court is required.



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HEALTH HISTORY FORM

Childs Name: _____ Gender: _____ Birth Date: ____/____/____ Age: ____

Address: _____ City: _____ State: ____ Zip: _____

Parent / Legal Guardian (name): _____ Phone #: _____

Doctor (name): _____ Phone #: _____

Has the Child had the following (please check):

- | | | |
|--|---|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Bed Wetting | |

Allergies / Other (please specify):

Bee stings, mosquitoes, etc.: _____

Food (name): _____

Medication(s): _____

Asthma (or hay fever): _____

Other: _____

Has the child received medical treatment during the past year? YES or NO

Date: _____ Reason: _____

Is the child taking any medications now? YES or NO

Parent/Guardian Signature: _____ Date: _____



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Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child’s entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the “**City Representatives**”), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, “**Damages**”) as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child’s contraction of COVID-19.

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor’s experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

CONSENT TO TREATMENT OF A MINOR

I, as the parent and /or legal guardian of the minor participating in this program, 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. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

Participant Name: _____

Parent(s) Name: _____



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PLEASE READ AND INITIAL EACH ITEM

CONSENT:

By registering I understand that I give my authorization to participate in the Branford Recreation Center programs and all activities therein. I further agree to relieve the City of Los Angeles Department of Recreation & Parks, its officers, agents, and employees from any liability for injury to my child resulting from and/or in connection with the activities in its programs.

Initial: _____

I, understand the Recreation Center **CARRIES NO INSURANCE**. I do hereby authorize the City of Los Angeles to act as agent for my child: 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 Medical Practice Act & 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. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to say agent.

Initial: _____

PROGRAM POLICIES:

I understand that **coach & carpool requests WILL NOT be honored**; same team requests apply only to siblings. I understand that games & practices may be scheduled on various days and times of the week, based on volunteer coaches' availability. I understand that teams are made from evaluations to ensure balanced teams & that my child is **REQUIRED** to attend one of the evaluation days.

Initial: _____

PHOTO RELEASE:

By registering I agree to allow the City of Los Angeles Department of Recreation & Parks and Branford Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option my child to be excluded.

Initial: _____

REFUND POLICY:

FULL REFUNDS are only issued when the Recreation Center cancels the activity. A minimum 15% cancellation fee is assessed for all refunds. Changes/transfers per sports league may be assessed additional fees. Please allow 4-6 weeks for processing of all refunds.

Initial: _____

I have reviewed the program and activities of the After School and feel my child can participate without restrictions.

I have reviewed the program and activities of the After School and feel my child can participate with the following restrictions or adaptations. I have read, understand, and agree to abide by the above mentioned policies and practices.

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

Revised: 07.27.2023