



### Hazard Recreation Center

2230 Norfolk Avenue, Los Angeles, CA 90033

Phone: (213) 485-6839

Email: Hazard.Park.RecreationCenter@lacity.org

Website: <http://www.laparks.org/reccenter/Hazard>

# Registration Form

Participant Name	M/F	Birthdate	Classes	Fee
<b>Total Fees</b>				

#### Parental Permission Consent and Agreement

By registering for this program, I understand the City of Los Angeles, Department of Recreation and Parks carries NO insurance for my child. I further agree to relieve Yosemite Recreation Center and the City of Los Angeles Department of Recreation and Parks, and its officers, agents and employees of and liability in connection with this agreement, and for any accident or injury that may occur during my child's participation in any recreation program at or from this facility.

This facility has my approval and it covers all activities including those away from park site, which involve any type of transportation (bus, van, car, walking, and or public transportation, i.e. MTA, Metrolink, etc.). I understand that each child is expected to partake in all activities in which they are physically able. I understand that any child or parent who does not cooperate with park staff will be expelled from the program, with a refund. I authorize the use of my child's image or likeness for distribution in park related promotional materials.

All payments are in full at time of registration. All Programs are first come, first served. Spaces will not be held without full payment. PROGRAMS ARE SUBJECT TO CHANGE AND CANCELLATION.

A 15% cancellation fee will be deducted from all refunds. Full refunds are only given if Hazard Recreation Center cancels a class or program. Refunds will take approximately 6 - 8 weeks to process. Your refund will be sent to the address given at the time of registration and will be sent via US Postal Mail.

If at any time information on this form changes, please notify the Director in writing immediately.

Participant Signature (if under 18, parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

#### Household / Primary Adult Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Participant  
 \_\_\_ Self \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone \_\_\_\_\_



#### FOR OFFICE USE ONLY

Payment Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_