

CLASS REGISTRATION FORM

Please fill in the registration form completely with current information. Payment in full is to be made at the time of registration. Check or money orders are to be made payable to: City of Los Angeles. Payments are due by the 5th of each month. There will be a \$10.00 late fee on the 6th unless discussed with a staff member. Please write your driver's license number on the top of your check. Please note that there is a fee charged for any check that is returned by the bank.

Class:	Day:	Time:
Child's Name:	DOB:	Age:
Parent Name:	Phone:	Cell:
Address:	City:	Zip:
Email address:		

In case of an emergency, please list two names of relatives/friends whom you would like notified in the event you cannot be reached.

Name:	Phone:
Name:	Phone:

REFUND POLICY: NO REFUNDS will be issued unless Hoover Recreation Center cancels the class.

PARENT CONSENT: I fully understand That Hoover Recreation Center carries no insurance for the participations of the classes. I also am aware that it is recommended that I carry medical insurance for my child.

Signature of Parent/Guardian	Date:
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-----OFFICE USE ONLY -----

RW#:	DATE:
AMOUNT \$	STAFF:

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
AT AUTHORIZED HOSPITAL IN CASE OF EMERGENCY ILLNESS
OR ACCIDENT**

I (We), the undersigned parent(s) of _____, a minor do hereby authorize the directors of **Hoover Recreation Center** as agent(s) for the undersigned to consent to 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 special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treat is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through the conclusion of the event, unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: _____ Date: _____