

City of Los Angeles-Department of Recreation and Parks



REGISTRATION FORM

FACILITY: _____ REGION _____

PARTICIPANT

Last Name _____ First Name _____

Birth date ____/____/____ Age ____ Grade ____ Male ____ Female ____

PARENT/GUARDIAN

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Main Phone (____) _____ - _____ Work (____) _____ - _____ Email _____

EMERGENCY CONTACT

Name _____ Main# _____ Cell _____

CLASS REQUEST

CLASS	DAY	TIME	CLASS	DAY	TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PHOTO RELEASE

The City of Los Angeles Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape or video) of my child _____ (minor's name) and /or myself _____ (your name) for promotion of Department programs.

PARENT/PARTICIPANT CONSENT FORM

I the undersigned, give permission for my child, whose name appears above, to participate in this program. I understand the nature of this activity and know the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its Officers agents and employees from any liability in connection with any injury to my child in connection with this program. I understand that the Recreation Facility CARRIES NO INSURANCE. I, the undersigned parent of the child whose name appears above on this form, a minor, do hereby authorize the Recreation Center Staff as agents for the undersigned to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of their best judgment may deem advisable. This authorization shall remain effective for the duration of the program I have registered for unless revoked sooner in writing and delivered to said agent.

PRINT Name

Signature Parent/Guardian/Participant

Date