



City of Los Angeles · Department of Recreation and Parks

**BELLEVUE RECREATION CENTER**

826 LUCILE AVENUE LOS ANGELES, CA 90026

PH: (323) 664-2468 EMAIL: BELLEVUE.RECREATIONCENTER@LACITY.ORG



# CLASS PARTICIPATION REGISTRATION FORM

**SEASON:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**PLEASE FILL OUT THIS FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT**

**PARTICIPANT LAST NAME:** \_\_\_\_\_ **PARTICIPANT FIRST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **CIRCLE:** Male Female

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent or Legal Guardian Contact Full Name:** \_\_\_\_\_ **Relation to Participant:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**2<sup>ND</sup> EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATION TO PARTICIPANT:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

Please fill in all classes the participant is taking			
CLASS NAME :	DAY:	TIME:	FEE:

**INITIAL EACH POLICY BELOW:**

A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the patron.

**CONSENT:** By registering, you understand that you are giving your authorization to participate in the **BELLEVUE RECREATION CENTER** programs and all activities therein. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that **BELLEVUE RECREATION CENTER carries no insurance**. You do hereby authorize the City of Los Angeles **BELLEVUE STAFF** to act as agent for 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 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 consent.

**PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and **BELLEVUE RECREATION CENTER** to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

**I have read, understand, and agree to abide by the above mentioned policies and practices.**

**SIGNATURE OF PARTICIPANT, PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Received by:</b> _____	<b>Receipt No.:</b> _____	<b>Household #:</b> _____
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