

# Normandale Recreation Center



## CLASS REGISTRATION FORM *FORMA DE REGISTRACION PARA CLASES*

### CHILD / PARTICIPANT INFORMATION *INFORMACION DE PARTICIPANTE*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male  Female   
Nombre Fecha de Nacimiento Hombre Mujer

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Edad Grado Escuela

Other information about this participant (special needs, asthma, allergies, medications, seizures, diabetes, etc.)?  
Algun otra informacion del participante (necesidades especiales, asma, alergias, medicaciones, convulsiones, diabetes, etc.)?

### PARENT / GUARDIAN INFORMATION *INFORMACION DE PADRE(S)/ APODERADOS*

Name: \_\_\_\_\_  
Nombre

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Direccion # Apt Ciudad Estado Postal

Cell Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
# de Telefono Celular Segundo # de Telefono Correo Electronico

Birth Date Fecha de Nacimiento: \_\_\_\_\_ Male Hombre  Female Mujer

#### May we text/email you updates about the program?

Podemos mandarle text/email con informacion del programa?

Yes, please. Si, por favor.  No, thank you. No gracias.

#### We count on Volunteers. Please let us know how you can help:

Contamos con Voluntarios. Diganos como puede ayudar.

Head Coach  Assistant Coach  Volunteer  Team Parent

### EMERGENCY CONTACT INFORMATION

Informacion de Contacto de Emergencia

\*\*\*Information must be DIFFERENT than above

\*\*\*Informacion debe ser DISTINTO a la informacion de arriba.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship Relacion :  Father Padre  Mother Madre  Sibling Herman@  Aunt/Uncle Ti@  Grandparent Abuel@  Other Otro

### CONSENT TO PARTICIPATE *Consentimiento Para Participar*

**PARENT/GUARDIAN CONSENT:** By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my child(ren): 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.

**PERMISSION:** I hereby authorize my child \_\_\_\_\_ to travel (bus, van, or walking) to any field trip/outing/school pickup/ bus stop pick up in association with the Recreation Center, including walking from school with staff to the Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

**REFUND POLICY:** The Recreation Center does not issue any refunds unless a class or program is canceled by the Recreation Center. 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. The Recreation reserves the right to combine divisions/leagues/classes with other parks.

**PHOTO RELEASE:** By participating in these programs, I agree to allow the City of Los Angeles Department of Recreation and Parks and the Recreation Center to use photographs, video clips, and testimonials of participants for use in publicity materials free of any fee or usage charge.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

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

Print Parent/Guardian Name:

Parent/Guardian Signature:

Date:

