

City of Los Angeles Department of Recreation and Parks

# Northridge Recreation Center

18300 Lemarsh Street · Northridge, CA 91325 · Phone: (818) 349-0535 or (818) 349-7341

# AFTER SCHOOL PROGRAM



# Enrollment Packet

# Northridge Recreation Center

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## CHILD'S FILE CHECK LIST

**Child's Name:** \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_

**Program Exit Date:** \_\_\_\_\_

**Please Note: Every Child's file MUST contain the following completed forms before they can begin the program.**

1. \_\_\_\_\_ Photo of the Child (placed in the child's file for emergency identification purposes)
2. \_\_\_\_\_ Financial Agreement
3. \_\_\_\_\_ Identification and Emergency Information
4. \_\_\_\_\_ Medical Awareness & Treatment Consent
5. \_\_\_\_\_ Child Participation Consent
6. \_\_\_\_\_ Waiver/ Release of Liability
7. \_\_\_\_\_ Release for Transportation
8. \_\_\_\_\_ Van Policy Agreement
9. \_\_\_\_\_ Media / Publication Consent
10. \_\_\_\_\_ Parent Handbook Agreement

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## FINANCIAL AGREEMENT

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Year: \_\_\_

### SECTION A: FAMILY INFORMATION

#### NAME OF PARENT(S)/ GUARDIAN(S):

Parent/ Guardian 1: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Parent/ Guardian 2: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### SECTION B: FEES AND CHARGES

CIRCLE DAYS ATTENDING:            M        T        W        Th        F

**\$40.00 - Annual Registration Fee (Non-Refundable)**

**\$80.00 - Weekly - 5 Days, M-F, Includes Transportation**

**\$60.00 - Weekly - Any 3 or 4 Days, (must be the same days each week) Includes Transportation**

**\$1.00 - Late Pick-Up Fee for every minute late after 6:00pm**

\*\*\*Fees and Services will be due, and payable by card on a Monthly Basis.

Please make all payments payable to: City Of L.A., Dept. of Rec. & Parks

**PAYMENT IS DUE ON A MONTHLY BASIS. PAYMENT WILL BE DUE BY THE 30TH OF EACH MONTH PRIOR TO YOUR CHILD ATTENDING THE PROGRAM. ALL FEES ARE DUE PRIOR TO SERVICES RENDERED. THERE IS A \$10.00 LATE FEE PER PAYMENT PERIOD. REPEATED VIOLATIONS MAY RESULT IN DISMISSAL FROM THE PROGRAM.**

I CERTIFY THAT THE ABOVE IS CORRECT AND THE TERMS ARE AGREED UPON,

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**IDENTIFICATION AND EMERGENCY INFORMATION: To Be Completed by Parent or Authorized Representative**

## CHILD'S INFORMATION

<b>Name:</b>	LAST	MIDDLE	FIRST	SEX	BIRTHDATE
<b>Address:</b>	NUMBER	STREET	CITY	STATE	ZIP
					TELEPHONE

## PARENT/GUARDIAN 1 INFORMATION

<b>Name:</b>	LAST	MIDDLE	FIRST	SEX	CELL PHONE
<b>Address:</b>	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
<b>E-mail Address:</b>	E-MAIL ADDRESS #1	ALTERNATIVE E-MAIL ADDRESS #2			BUSINESS TELEPHONE

## PARENT/GUARDIAN 2 INFORMATION

<b>Name:</b>	LAST	MIDDLE	FIRST	SEX	CELL PHONE
<b>Address:</b>	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE
<b>E-mail Address:</b>	E-MAIL ADDRESS #1	ALTERNATIVE E-MAIL ADDRESS #2			BUSINESS TELEPHONE

## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND PICK-UP AUTHORIZATION

I authorize **ONLY** these additional persons to pick up my child (include carpools) and to be contacted in case of an emergency.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD

**PERSONS LISTED BELOW ARE NOT AUTHORIZED TO PICK UP MY CHILD AT ANY TIME.**

PLEASE NOTE: If name listed is the biological parent, written documentation by the court is required.

NAME	RELATIONSHIP TO CHILD

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## MEDICAL AWARENESS & TREATMENT CONSENT

I, the undersigned as parent/guardian of \_\_\_\_\_, do hereby give my consent to the  
Child's Full Name (please print)  
City of Los Angeles to act as an agent for the undersigned: to consent for an x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the special supervision of any physician and/or surgeon licensed under the Medicine Practice Act on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. This authorization is given in advice of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

### CHILD'S EMERGENCY INFORMATION:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY MEDICAL CONTACT INFORMATION:

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY DENTAL CONTACT INFORMATION:

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### PLEASE NOTE:

We do not administer, or store any type of medication at the facility at any time.

Is the child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what kind:

1. Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ 2. Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_ 3. Name: \_\_\_\_\_ Amount: \_\_\_\_\_  
Frequency: \_\_\_\_\_

List any reasons for limitations of physical activities, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## CHILD PARTICIPATION CONSENT FOR RECREATION CENTER & PROGRAM PARTICIPATION

Our After School Program children have the opportunity to enroll in a variety of classes and/or leagues offered by Northridge Recreation Center. Children may attend classes, but must register separately through the recreation center's main office and pay the appropriate fees. As long as we are within ratio, a staff member will escort your child to and from their classes. Please provide us with a written notice which includes; your child's name, start and end date of the class, title of the class, time and location of the class, and any other specific instructions.

**\*\*By completing and signing this form, you will allow us to release your child to attend classes and/or sports programs at the Recreation Center.**

## PARENTAL CONSENT

I hereby give permission for my child, \_\_\_\_\_, to be signed out from the After School Program to attend classes and/or sports programs at the Recreation Center. In addition, I authorize the staff at Northridge Recreation Center to initial/sign my child in or out of the program when necessary to participate in recreational programming.

Child's Full Name (please print)

Additionally; I give the staff of Northridge Recreation Center my permission to sign my child in or out of the After School Program when necessary. I also give my child permission to participate in all activities conducted on the premises of Northridge Recreation Center. Furthermore, 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 this request.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## WAIVER / RELEASE OF LIABILITY

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, hereby release  
Child's Name (please print) **the City of Los Angeles, its**

**officers, agents, and employees from any and all claims and causes of action which I may have or claim to have relating to my child's participation in any and all Northridge Recreation Center activities which include but are not limited to: sports, games, fitness, cooking, swimming, use of play equipment, and field trips.**

**I acknowledge that there is risk of bodily injury in all such activities. I also hereby give my consent to such participation. I understand that the City of Los Angeles, the Department of Recreation and Parks, their officers, agents and employees are not liable for any participation in the above described activities.**

**I acknowledge that I have carefully read the contents of this document and that I understand it.**

**Executed on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ at Northridge, California.**

\_\_\_\_\_  
**Signature of Parent/ Guardian**

### **For Staff Use Only:**

\_\_\_\_\_  
**Name of Witness (print)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Title**

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## RELEASE FOR TRANSPORTATION

**Child's Current School:** \_\_\_\_\_

I, \_\_\_\_\_, the parent / guardian of \_\_\_\_\_, do hereby  
Parent/Guardian Full Name (please print) Child's Name (please print) authorize the staff of Northridge Recreation Center to transport my child by van or bus to and from school, the After School Program, and/or any scheduled field trip. In addition, I hereby release the City of Los Angeles, its officers, agents, and employees from any and all claims and causes for action which I may have relating to the transportation of my child by van or bus. I understand that the staff cannot and will not transport my child between sites unless there is a travel emergency that causes a detour or emergency stop at an alternate location.

I acknowledge that I have carefully read and understand the contents of this document.

Executed on the date of \_\_\_\_/\_\_\_\_/\_\_\_\_ at Northridge, California.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date



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## VAN POLICY AGREEMENT

I understand that in the event that my child is not at their schools designated pick-up site at the scheduled pick-up time, the van driver will give a 5-minute grace period and then will be forced to leave the school. I will then be called and given the option to make other pick up arrangements for my child. If I select to have Northridge Recreation Center send a second van to pick up my child, I will be charged up to \$15.00 for a second van pick up charge in addition to my regular weekly tuition fee.

The fees are:

- 1st infraction: \$5.00
- 2nd infraction: \$10.00
- 3rd infraction: \$15.00
- 4th infraction: Child may be terminated from the program

Furthermore, I understand that I must notify Northridge Recreation Center by 12:00pm if my child is going to be absent from the After School Program and does not need to be picked up from school. If my child is absent and I do not call the facility, I will be charged the fees stated above.

With my signature, I hereby acknowledge that I have carefully read, understand, and am in agreement with Northridge Recreation Center's Van Policies and Procedures.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## MEDIA / PUBLICATION CONSENT

**Child's Name:** \_\_\_\_\_

## DEPARTMENT PHOTO/VIDEO RELEASE

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to interview, photograph and/or videotape my above named child. The sole purpose of these interviews, photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## MEDIA CONSENT

With my signature I, hereby give my above named child full permission to participate in any News Media or Newspaper interviews, photos, or videos which may take place at Northridge Recreation Center, Northridge Aquatics Center, and/or at any field trip my child attends with Northridge Recreation Center Programs.

\_\_\_\_\_  
Parent/ Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## COVID-19 Acceptance of Risk and Waiver of Liability

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

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Signature of Parent/Guardian

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Date

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## PARENT HANDBOOK AGREEMENT

With my signature I, \_\_\_\_\_ hereby acknowledge that I have received, read,  
Parent/Guardian's Name (please print)  
and understand all of the rules, policies, and procedures in the AFTER SCHOOL PROGRAM PARENT HANDBOOK. I understand and agree to review this information with my child and any other persons associated with my child during the period of enrollment with Northridge Recreation Center's After School Program. I further understand that failure to comply with any part of the After School rules, policies, and procedures will result in my child's dismissal from the program.

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Signature of Parent/Guardian

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Date