

PALISADES RECREATION CENTER

851 Alma Real Dr. Pacific Palisades, CA 90272

(310) 454-1412 office (310) 575-8014 fax

Class Registration Form

Adult's Last Name _____ Adult's First Name _____

Address _____ City _____ Zip _____

Home() _____ Cell() _____ Work() _____

E-mail _____

Emergency Contact Name _____

Home () _____ Cell () _____ Work () _____

Parent/Guardian/Individual Consent Form

I, the undersigned, give permission for _____, to participate in the Palisades Recreation Center programs. I understand the nature of the activities and I / minor's experience and capabilities and believe myself / minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of L. A. Dept. of Rec & Parks, its officers, agents and employees from any liability in connection with any injury to myself or my child in connection with this activity. I understand the Recreation Facility CARRIES NO INSURANCE. I do authorize Palisades Recreation Center as an agent for myself / child listed above to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is 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 the judgment may deem advisable. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

REGISTRATION FORM

Please Print Clearly and Fill Out This Form Completely

Class #	Name of Class	Fee	Participant's Name	DOB	Sex

Make a check or money order payable to: "L.A. City Recreation and Parks."

Credit Cards Accepted:



Refund Policy For Classes

- All refunds are subject to a \$25 administration fee.
- A refund request form must be filled out in person at the main office.
- There will be no prorating of classes before the third week.
- Credit or make-ups will not be given for classes missed by patrons.
- Refunds will not be approved after the first class.

I have read the consent form and understand the refund policy.

Signature _____ Date _____

Office Use Only

Receipt #: _____ Payment type: _____ Processed by: _____