

CLASS PARTICIPANT INFORMATION FORM

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

PARTICIPANTLAST NAME: _____ **PARTICIPANTFIRST NAME:** _____

BIRTHDATE: _____ **AGE:** _____ **SEX:** Male Female

Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian Name: _____

Primary Contact: Cell Home Work Cell Phone: _____ Home

Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian Name: _____

Primary Phone #: _____

Emergency Contact Name: _____ **Relation to Participant:** _____

Home Phone: _____ Alternate Phone: _____

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

INITIAL EACH POLICY BELOW:

_____ **REFUND POLICY:** Refunds will be issued only until the Wednesday prior to the start of the class session unless the program is cancelled 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.

_____ **PARENT CONSENT:** By registering, you understand that you are giving your authorization to participate in the Cheviot Hills 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 or your child(ren) resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you and your 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.

_____ **PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and the Cheviot Hills 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 PARENT/GUARDIAN: _____ **DATE:** _____

FOR OFFICE USE ONLY	Received by: _____	Receipt No.: _____
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