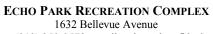


Signature_

City of Los Angeles - Department of Recreation and Parks ECHO PARK RECREATION COMPLEY





office: (213) 250-3578 e-mail: echopark.rc@lacity.org

	C	lass Registr	ation Form					
Adult's Last Na	me	Adult's First Name						
Address			Zip					
Cell() C		ervice Provider	Home()					
E-mail								
Please Add Me	To The Echo Park Rec Comp	olex Official E-Mail	List Yes No					
Emergency Cont	act Name							
Home ()	(Cell ()	Work ()					
		<u>Individual Co</u>	nsent Form					
in connection with t myself / child listed a rendered under the whether such diagnos diagnosis, treatment for the duration of the check off and sign up	this activity. I understand the Recreation bove to consent to X-ray examination, general or specialized supervision of a sis or treatment is rendered at the offic or hospital care which the aforemention he program, unless revoked sooner in ofor.	on Facility CARRIES NC anesthetic, medical or surn ny physician licensed und e of said physician or a sai med physician in the exerc	d employees from any liability in connection we DINSURANCE. I do authorize Echo Park Regical diagnosis or treatment and hospital care we are the provisions of the Medical Practice Act d hospital. It is understood that this authorization of the judgment may deem advisable. The aid agent. I also understand that my signature	ecreation Complex as an agent for which is deemed advisable by, and on the staff of a licensed hospita- tion is given in advance of any suc- authorization shall remain effective				
	eles Department of Recreation and Park							
Class #	Name of Class	Fee	Participant's Name	DOB Sex				
Make a ch	eck or money order payable to:	"L.A. City Recreation	and Parks." Credit Cards Accepted:	VISA MasterCard				
		Refund Policy	For Classes					
All refunds ar	e subject to a 15% administration fee	e per class per participan	t.					
All transfers ar	re subject to a \$20.00 administration fee	e per class per participant.						
A refund reque	est form must be filled out in person at	the main office.						
Refunds will i	not be approved after the first week of	of class.						
• There will be	no prorating of classes.							
• Credits, refund	s or make-ups will not be given for cla	sses missed by students.						
I have read the c	onsent form and understand the	e refund policy.						

Date_



City of Los Angeles - Department of Recreation and Parks

ECHO PARK RECREATION COMPLEX

1632 Bellevue Avenue office: (213) 250-3578 e-mail: echopark.rc@lacity.org



www.laprks.org

PAYMENT RECORD

	Date			Payment	Staff
	Paid	Receipt#	Receipt#	Туре	Initial
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Notes:	 	 	