



Afterschool Club Registration Form

PARTICIPANT INFORMATION

Participant's Last Name: _____ First Name: _____ M F
 Address: _____ City _____ Zip Code _____
 Birthday: ____/____/____ Age: ____ School: _____ Grade: _____
 School address _____ Room # _____
 Teacher Name _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____ Email: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Parent/Guardian Name: _____ Email: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY, if I cannot be reached:

Name: _____ Phone Number: (____) _____ Relationship _____
 Name: _____ Phone Number: (____) _____ Relationship _____

Only the following individuals are authorized to pick my child up:

Name: _____ Phone _____ Relationship _____
 Name: _____ Phone _____ Relationship _____
 Name: _____ Phone _____ Relationship _____
 Name: _____ Phone _____ Relationship _____
 Name: _____ Phone _____ Relationship _____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

PARENT/GUARDIAN PERMISSION:

I hereby authorize my son/daughter _____ to travel (bus, van or walking) to any field trip/outing/school pickup/ bus stop pick up in association with DENKER RECREATION CENTER, including walking from school with staff to DENKER Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATE: _____ **PARENT OR GUARDIAN SIGNATURE:** _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

(I)/ (We), the undersigned parent (s) of _____, a minor, do hereby authorize the **DIRECTORS AND STAFF OF DENKER RECREATION CENTER** as agent (s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician (M.D.), dentist (D.D.S.) or surgeon licensed under the provision of the Medical Practice Act, or 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 care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

CALIFORNIA SECTION 25.8 CIVIC CODE

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. I further relieve the Department of Recreation and Parks, City of Los Angeles, and its officers, agents or employees of any liability in connection with this request.

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

DATED: _____ **PARENT OR GUARDIAN SIGNATURE:** _____

Participant's Last Name: _____ First Name: _____

HEALTH BACKGROUND INFORMATION

Current Tetanus Shot: Yes No

Has the child had the following:

Chicken Pox _____	Rheumatic Fever _____	Measles _____
Sinus Trouble _____	Mumps _____	Colds _____
Headaches _____	German Measles _____	Fainting _____
Ear Infections _____	Asthma _____	Tonsillitis _____
Constipation _____	Upset Stomach _____	Appendicitis _____
Scarlet Fever _____	Diphtheria _____	Heart Trouble _____
Hay Fever _____	Skin Rash _____	Nose Bleeds _____

Other: _____

Comments: _____

Allergic Reactions Please List:

Food(s): _____

Bee Sting (etc.): _____

Drugs/medications (penicillin, etc.): _____

Operations or serious injuries: _____

Has the child received medical treatment in the past year? _____ If yes, please provide the date and reason for treatment. _____

Does the child take any medication presently? _____ If yes, please list them, specific dosage and amounts daily.

**Medication	Dosage (1 pill, half pill etc.)	Times Daily (1 time, with food etc.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**We are not allowed to administer medication. Participant must be able to self administer medications. (Open and close container, take meds etc...without staff assistance.)

WAIVER RELEASE AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child (Child's Name)

_____ the opportunity to participate in the After School Club Program (ASC), I, (Parent/Guardian's Name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows: I am aware that there are certain risks of injury and/or damage inherent in the Program activities. I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by Rec staff. I understand that if my child receives three behavior notices they are not allowed back into the program. I agree to complete the ASC health history form providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Westchester Recreation Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program. To the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program. I will instruct Minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program. I give my consent to have Minor participate in all aspects of the Program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result. I give my consent to have the Minor transported by chartered bus, City vehicle, or by walking, as part of the Program. I understand that the City has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate. I understand that the City at its sole option but without obligation may procure insurance to cover all or part of such medical expense incurred by Minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility. I also authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials. Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities. I understand and agree to pay the late pick-up fee of a \$1.00 per hour fee. per minute if I should arrive late. I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. Important: Parent or Guardian's signature required: Parent/Guardian's Signature X Tel: () Parent/Guardian's Name (please print) Date: Child's Name Immunization Record Requirement Waiver: I hereby request exemption of the child, named above, from the immunization requirements for attendance of the program because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection. Parent/Guardian's Signature X D