



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

CLASS PARKS

TEEN CLUB



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TEEN CLUB APPLICATION

T-SHIRT SIZE
XS S M L XL 2XL

Recreation Center _____ Date _____

PARTICIPANT'S INFORMATION			
NAME	AGE	BIRTHDATE (mm/dd/yyyy)	GENDER
ADDRESS (Street, City, State, Zip)			
EMAIL ADDRESS		CELL / HOME PHONE	
What grade are you in? _____ What school do you attend? _____			
Who is your counselor? _____ Phone () _____			
Are you on formal probation? _____ Yes _____ No			
If yes, Probation Officer Name _____ Phone () _____			
What do you want to get out of Teen Club? _____			
What is something you would like to do that you have never done before? _____			

PARENT/GUARDIAN INFORMATION			
NAME	RELATION	CELL / HOME PHONE	EMAIL ADDRESS
NAME	RELATION	CELL / HOME PHONE	EMAIL ADDRESS

I HEREBY AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD AND TO BE CONTACTED IN CASE OF AN EMERGENCY		
NAME	RELATION	CELL / HOME PHONE
NAME	RELATION	CELL / HOME PHONE
NAME	RELATION	CELL / HOME PHONE

Instructions: Make the appropriate selections for the following:

RACE - Select one of the following 10 categories

Place an X to the left of the appropriate box	
<input type="checkbox"/> 1. American Indian or Alaska Native	<input type="checkbox"/> 6. American Indian or Alaskan Native AND White
<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 7. Asian AND White
<input type="checkbox"/> 3. Black or African-American	<input type="checkbox"/> 8. Black/African-American AND White
<input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 9. American Indian/Alaskan Native AND Black/African American
<input type="checkbox"/> 5. White	<input type="checkbox"/> 10. Balance _____ / Other

ETHNICITY - Select one

GENDER - Select one

Place an X to the left of the appropriate box	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Female
	<input type="checkbox"/> Non-Binary
	<input type="checkbox"/> Prefer not to disclose



TEEN CLUB APPLICATION *continued*

MEDICAL INFORMATION

Insurance Provider (Medical Plan) _____ Policy # _____

Physician Name _____ Phone () _____

Dentist Name _____ Phone () _____

Is teen on medication? _____ Yes _____ No - **If yes, please list medication below.**

Medication _____ Amount _____ Frequency _____

Medication _____ Amount _____ Frequency _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of in case of a major emergency _____

List reason for limitations of physical activities (if any), _____

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

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all CLASS Parks Teen Club activities therein (including bus, van, or walking trips). I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games, sports, water play, and swimming activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

PARENT INITIALS _____

PHOTO / MEDIA RELEASE

The City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives, has my permission to use the image (digital, film, and/or audio) of my child, a minor, for the promotion of the department programs and/or events via any City of Los Angeles media platform (audio, film, internet, print, and/or social media).

I also give permission for my child's first name to be used: Yes No

(Should this child's image be used on our department website, or any social media outlets, their name will not be included).

PARENT INITIALS _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/surgeon licensed under the provisions of 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 said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

PARENT INITIALS _____

*I acknowledge that I have read and understand all of the policies in the **program handbook** and **as listed on this application**. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program.*

Parent/Guardian (Signature)

Parent/Guardian (Print Name)

Date



Rules, Regulations, & Expected Conduct

As an integral part of the CLASS Parks Teen Program, participants are implicitly expected to conduct themselves in a respectful manner and are to abide by the policies and practices set forth in this contract and the program manual. Respectful behavior is expected throughout the program and disrespectful behavior of any type will not be tolerated. Teens are to arrive to the club each day with a positive attitude with the desire to learn, grow, and be a team player.

As the participant of the Teen Program;

1. I will participate in all activities with a positive attitude at all times.
2. I will demonstrate respect for all cultures, opinions, and viewpoints.
3. I will not argue with staff upon being asked for assistance in setting up, cleaning up, or anything else within reason.
4. I will be respectful with the use of facility equipment and materials.
5. I will follow all teen club computer work station rules and will use the computers appropriately only for assigned programs and other permitted activities approved by the CLASS Parks staff.
6. I will report any lost or damaged materials and/or equipment to the Teen Club staff.
7. I will immediately inform park staff if I become aware of a problem at the site.

I understand that, the following behavior will NOT be permitted or tolerated under any circumstances:

1. Abusive, racial, profanity, and/or foul language.
2. Sharing material that is hate speech, sexually explicit, or violent, bullying in any form, including cyber-bullying, or sending discriminatory or harassing digital communications.
3. Disobeying program rules, defiance, refusal to listen and follow instructions, or any other type of misconduct.
4. Fighting and/or putting hands on any person at any time (i.e. striking, pushing, grabbing, etc.).
5. Gossip, spreading rumors.
6. Sexual Harassment.
7. Immoral conduct.
8. Stealing, Vandalism.
9. Use or possession of weapons, alcohol, drugs, cigarettes, and/or vapes will be cause for dismissal from the program.

As the parent of the above-named participant;

1. I agree to support the stated policies, procedures, and discipline practices concerning my child.

I have read, understand, and agree to abide by the stated policies, procedures, and practices stated in the program handbook, registration application and above listed rules and regulations. I further understand that a failure to comply with program rules and/or the breaking of program policy may be grounds for immediate disciplinary action and/or dismissal from the program and forfeiture of all benefits afforded through participation.

Applicant Name (please print) _____

Applicant Signature _____ Date _____

Parent/Guardian Name (please print) _____ Relation _____

Parent/Guardian Signature _____ Date _____