



Normandale Recreation Center

ADULT CLASSES & SPORTS *Clases Y Deportes de Adultos*

Registration Form *Forma de Registracion*

Participant Information *Informacion de Participante*

Name: _____
Nombre

Cell Phone #: _____
de Telefono Celular

Birth Date *Fecha de Nacimiento*: _____ Male Female
Hombre Mujer

Secondary Phone #: _____
Segundo # de Telefono

Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Direccion # Apt Ciudad Estado Postal

*** Email: _____ ***
Correo Electronico

May we text/email you updates about the program?
Podemos mandarle text/email con informacion del programa?

We count on Volunteers. Please let us know how you can help:
Contamos con Voluntarios. Diganos como puede ayudar.

Yes, please. *Si, porfavor.* No, thank you. *No gracias.*

Group Leader Coach Special Events Other _____

EMERGENCY CONTACT INFORMATION *Informacion de Contacto de Emergencia*

***Information must be DIFFERENT than above
***Informacion debe ser DISTINTO a la informacion de arriba.

First Name: _____ Last Name: _____ Phone: _____

CONSENT TO PARTICIPATE *Consentimiento Para Participar*

PARTICIPANT CONSENT: By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me 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.

REFUND POLICY: The Recreation Center does not issue any refunds unless a class or program is canceled 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. The Recreation reserves the right to combine divisions/leagues/classes with other parks.

PHOTO RELEASE: By participating in these programs, I agree to allow the City of Los Angeles Department of Recreation and Parks and the Recreation Center to use photographs, video clips, and testimonials of participants for use in publicity materials free of any fee or usage charge.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).
I have read, understand, and agree to abide by the above mentioned policies and practices.

Participant Name: _____ Participant Signature: _____ Date: _____

