

Reseda Park

18411 Victory Blvd. Reseda, CA 91335

(818) 881-3882

Reseda.recreationcenter@lacity.org



For Office Use Only Check off as you go

- Online Registration Form
- Print/Verify Online Receipt. Staple to Reg form and place together in binder.
- Patron completes park registration form. If not, email it from Reseda's email. Need signature & emergency information.
- Make copies if in multiple classes. Place in binder.
- File RecTrac receipt in registration binder w/ complete Reg Forms & add receipt #
- Add patron to running roster. If not print out roster from RecTrac.
- On back page, fill out payment log information.

Clinics/Classes Registration Form

Please fill out this form clearly and completely: One form per participant

Participant Last Name: _____ Participant First Name: _____

Birthdate: _____ Age: _____ Male / Female / Other Phone Number: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Does your child receive support from a shadow at school during the school year? YES NO

(For Minors) Parent/Guardian Name: _____ Phone Number _____

Emergency Contact: _____ Phone Number: _____

For safety & for participants to have the best experience, please let us know of any other medical/behavioral information we should be aware of: _____

| 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, including illness. Refunds are issued to the patron who is on the activity sales receipt.

_____ Some programs require parent/guardians to actively participate with individual (s) who are enrolled to ensure greater safety, enjoyment, and benefit from the program.

_____ **CONSENT:** By registering, you understand that you are giving your authorization to participate in the Reseda 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 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 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 Reseda Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangement.

I have read, understand, and agree to abide by the above mentioned policies and practices.

SIGNATURE OF PARTICIPANT/ GUARDIAN: _____

DATE: _____

| | | |
|----------------------------|--------------------------------------|---------------------------|
| FOR OFFICE USE ONLY | Staff Name Received by: _____ | Receipt No.: _____ |
|----------------------------|--------------------------------------|---------------------------|

Payment Log

| Month | Program | Date | Receipt number |
|-----------|---------|------|----------------|
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |