

OFFICE USE ONLY:

HOUSEHOLD #: _____
REGISTRATION #: _____

Shatto Recreation Center AFTER SCHOOL CLUB

REGISTRATION APPLICATION (Please Print)

SCHOOL: _____	CLASSROOM NUMBER: _____
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Child's Name: _____ Male Female Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian: _____ Legal Custody: YES NO

Cell #: _____ Work #: _____ Email: _____

In Case of Emergency:

Name: _____ Relationship to Child: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

AUTHORIZED SIGNATURE

We do not release child/ren to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. Please list both parents/legal guardians and all individuals authorized to pick up your child. Any individual, who did not drop off your child, will be required to show photo identification to pick-up your child.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name of any person (s) specifically **NOT** to sign out your child/ren: _____

HEALTH HISTORY FORM

Should anything happen that would alter the child's health history after this form is returned, please let us know immediately.

Preferred Hospital: _____ Doctor: _____ Phone #: _____

Has the child had the following (please check):

- | | | | | |
|--|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Ger Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Constipation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rheu Fever | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Freq. Colds | <input type="checkbox"/> Upset Stomac | |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Rash | |

Give the month and year of last immunization or booster:

Tetanus: _____ Mumps: _____ Diphtheria (DPT): _____ Measles: _____ Polio: _____

Whooping Cough: _____ German measles: _____ TB Test: _____ POS or NEG

Restrictions:

- I have reviewed the program and activities and feel my child can participate without restrictions.
- I have reviewed the program and activities and feel my child can participate with the following restrictions or adaptations: _____

Allergies / Other (please specify):

- Bee stings, mosquitoes, etc.: _____ Food (name): _____
- Medication(s): _____ Asthma (or hay fever): _____
- Other: _____

Has the child received medical treatment during the past year? YES or NO

Date: _____ Reason: _____

Is the child taking any medications now? YES or NO

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

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City of Los Angeles Department of Recreation and Parks
WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **SHATTO RECREATION CENTER** granting the above-named child ("Minor") the opportunity to participate in the **AFTER SCHOOL CLUB**.

I, (print name) _____ the undersigned, as the parent/guardian of (print name) _____ ("the Minor"), I do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**
- I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the program staff.
- I understand that the Shatto RC carries no insurance.**
- I agree to complete the City of Los Angeles Department of Recreation Health History form** providing Minor's current, complete and truthful health history; including immunization history and overall health status;
- I understand that under certain medical conditions Shatto's staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;**
- I confirm to the best of my knowledge and belief the Minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;**
- I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;**
- I give my consent to have the Minor participate in all aspects of the Program;**
- I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the park;**
- I give my consent to have the Minor transported by car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;**
- I understand that the ASC has no obligation to obtain medical treatment for the Minor.** Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the park personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by the park personnel to render medical care deemed necessary and appropriate;**
- Except for the gross negligence or willful misconduct of the program, I (print name) _____ waive all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, Shatto RC its officers, agents, employees and/or personnel, and**
- I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, Shatto RC its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;**
- I agree to keep the staff of Shatto R.C. advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;**
- I also authorize Shatto R.C., City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**
- I have read this agreement and I understand what it means to my legal rights and the Minors participation and by my signature made of my own free will and act;**
- I agree to abide by the rules and policies set forth in this registration and waiver release forms;**
- I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;**
- I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor(s).**

Important: Parent or Guardians Original Signature Required.

Childs Name (please print) _____ Date _____

Parent/Guardian Name (please print) _____ Date _____

Signature _____ Date _____

Shatto Recreation Center

After School Program and Procedures 2023-2024

Dear Parents:

We are looking forward to a safe and fun After School Program for your child. To ensure the safety and well-being of your child. We ask you that you go over the following policies and procedures and general information with your child(ren).

PROGRAM COST AND PAYMENT POLICIES: Monthly tuition is **\$75.00** per month (unless otherwise agreed), due on the first school-day of the month. An annual non-refundable **\$40.00** registration fee (unless otherwise agreed) is also due at registration.

EARLY PICK UP: Tuesday early pickups are included in the monthly tuition.

LATE FEES: I understand and agree to pay the **\$10.00 per 15 minute late pick-up**, should I arrive late, beginning at 6:01pm. I also understand and agree to pay the **\$10.00 per child** if the after school program tuition is paid **after the 15th of the month**.

RULES:

1. Tennis Shoes or closed-toe shoes must always be worn. This is for the children’s safety in sports and games.
2. Parent(s)/ Guardian must sign out their children out of the program.
3. The Park is not responsible for children’s personal belongings. Be sure that all items brought to the park have the child’s name written on them.
4. **TOYS AND ELECTRONICS** are **NOT ALLOWED** in our After-School Program.
5. If your child is going to miss a day, please call the park by **12:00pm** at (213) 386-8877 or (213) 485-8981 or email us at Shatto.recreationcenter@lacity.org
6. A 24-hour notice is required for early dismissal days.
7. Child(ren) must follow program rules. If a child chooses to continue his/her disruptive behavior, a call will be placed to the parent. In extreme cases the parent may be asked to immediately pick up place before the child returns to the After-School Club.
8. **Late Pick Ups:** Parents will be notified with a phone call after the grace period. Upon 1 hour of phone call attempts, we will notify LAPD.

I acknowledge that I have read the content of this document and I understand it.

DATE PARENT/GUARDIAN NAME (PRINT) PARENT/GUARDIAN SIGNATURE

*Program rules are available upon request.

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AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all the activities. 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 and sports 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. PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives and Lincoln Heights Recreation Center permission to use the image (digital, film and/or audio) and testimonials of participants for use in publicity materials free of any fee or usage charge.

Parent/Guardian

Initials: _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent and /or 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 and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a 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/Guardian Initials : _____

REFUND POLICY: Refunds will be given up to the day prior to the first class meeting ONLY. A 15% administration fee will be assessed by the recreation center for any patron granted a refund. Full refunds will not be issued unless a class or sports league is cancelled by the center. There will be **NO REFUNDS** after the program has begun unless a class or sports league is changed or cancelled by the recreation center. Credits or make-ups will not be given for classes missed by the patron. Please allow 6-8 weeks for the processing of all refund requests Monthly/weekly/session fees are due before the first day of class/ activity.

Parent/Guardian Initials : _____