City of Los Angeles Department of Recreation and Parks



EXPO Center

MEMBERSHIP FORM

To ensure the safety of participant and staff, EXPO Center has established a **zero tolerance policy.** Any use of profanity, all type of weapons, illegal drugs, alcohol, smoking, and inappropriate behavior is unacceptable. Any violation of this policy is grounds for expulsion from this site and membership will be revoked.

PATRON / PARENT or GUARDIAN:						
FIRST Name:	LAST Name _			G	ENDER: M F	=
FIRST Name:	LAST Name			G	ENDER: M F	-
NICK NAME	BIRTH DATE : _	1		GENDER:	M F	
ADDRESS:			HOME_	work_	OTHER	
CITY	STATE	ZIPO	CODE			
PHONE NUMBER: ()		НОМЕ	_ WORK	_ CELL	OTHER	
PHONE NUMBER: ()		HOME	WORK	CELL	_OTHER	
PHONE NUMBER: ()		HOME	WORK	CELL	_OTHER	
EMAIL:				HOME_	WORK	
EMAIL:				HOME_	WORK	
ETHNICITY: Hispanic Origin African American Asian/Pacific Islander Caucasian/White Native American/Alaskan Mixed Race Other Other MEMBERHIP TYPE: ADULT (18-54) SENIOR (55+) YOUTH (0-17)						
PICK UP INFORMATION: First Name:	Last Name			Relationship):	
PRIMARY EMERGENCY CONTACT: PH						
 I hereby agree to indemnify, defend and hold harmless the City of Los Angeles, and its offivers, employees, agents and volunteers, from and against any all damages, injuries, loss, liability, charges, and expenses in any way arising out of my (or my children's) participation in the program for which I am registering. I give permission to the EXPO Center, City of Los Angeles Department of Recreation and Parks, it's agents assigned representatives, has permission to use the image (digital, film and/or audio) of my child or myself. For promotion of Department Programs and/or Events via any City of Los Angeles media platforms (audio, film, internet, print and or social media. 						
PATRON / PARENT or GUARDIAN				_ DATE: _		
PATRON / PARENT or GUARDIAN				_ DATE: _		