

City of Los Angeles Department of Recreation and Parks  
Branford Recreation Center  
**2021 - 2022 AFTER SCHOOL APPLICATION**

**Participant's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  MALE or  FEMALE  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ School: \_\_\_\_\_ Room # \_\_\_\_\_ Teacher's Name:  
\_\_\_\_\_

**Parents / Guardians Information:**

Parent/Guardian Name 1: \_\_\_\_\_ Legal Custody:  YES or  NO  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Legal Custody:  YES or  NO  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact :**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**AUTHORIZED PICKUP LIST:**

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# \_\_\_\_\_

Please Name of any person (s) specifically **NOT** to sign out the child named above:  
Please note: If the named person is a biological parent, written documentation by the court is required.

\_\_\_\_\_

City of Los Angeles Department of Recreation and Parks  
Branford Recreation Center  
**2021 - 2022 AFTER SCHOOL APPLICATION**

**HEALTH HISTORY FORM**

Childs Name: \_\_\_\_\_  MALE or  FEMALE Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the Child had the following (please check):

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

**Restrictions:**

- I have reviewed the program and activities of the After School and feel my child can participate without restrictions.
- I have reviewed the program and activities of the After School 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City of Los Angeles Department of Recreation and Parks  
Branford Recreation Center  
**2021 - 2022 AFTER SCHOOL APPLICATION**

**Participant Name (Nombre del Participante)** \_\_\_\_\_

**COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)**

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

(Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su menor acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP e instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o a su menor acompañado participar en los programas de RAP durante este período de emergencia.)

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte.

En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19, tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otros representantes, y sus sucesores y asignados (colectivamente, los "**Representantes de la Ciudad**"), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades, derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevisto (colectivamente, "**Daños**") como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye, en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además, promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contracción de COVID-19 de usted y / o su menor acompañado.)

**AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)**

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.**

(Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividades deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad de Los Ángeles, el Departamento de Recreación y Parques, sus oficiales y agentes y empleados de cualquier lesión a mi hijo en relación con este programa. Además, entiendo que el Departamento de Recreación y Parques de la Ciudad de Los Angeles NO OFRECE SEGURO.)

**CONSENT TO TREATMENT OF A MINOR (AUTORIZACIÓN DE TRATAMIENTO DE UN MENOR)**

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 diagnosis, 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.

(Yo, como el padre/guardián del menor participando en este programa, autorizo a la Ciudad de Los Ángeles Departamento de Recreación y Parques que se comporten como agentes en dar autorización en examen de rayos X, anestesia, diagnóstico médico o cirugía, tratamiento y hospitalización que es aprobado y vigilado por un Médico licenciado profesional que convive con las provisiones del Medicine Practica Acto en los empleados del hospital licenciado, cuando alguna acción sea requerida en la oficina del Médico o Hospital. Es entendido que esta autorización es dada anteriormente en precaver alguna situación que se requiera alguna acción y el Medico decide que acción sea admisible. Esta autorización será efectiva hasta la conclusión del programa de cual el menor estará participando en y será efectiva hasta que sea sometido en una carta escrita y entregada a el agente en cual el menor estará por el periodo del programa.)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_