



**City of Los Angeles Department of Recreation and Parks
CHATSWORTH RECREATION CENTER**

CLASS REGISTRATION FORM 2022.

Please print clearly. Use one form per student. Please fill out the registration form completely.

PAYMENT METHOD: Exact cash or checks payable to: City of L.A. Dept. of Rec. and Parks.

CLASSES BEGIN THE WEEK OF: January 14, 2018. CLASSES ARE IN SESSION FOR 8 WEEKS.

NO MAKE-UP CLASSES FOR PARTICIPANTS ABSENCE AND NO SUBSTITUTIONS.

NO REFUNDS UNLESS CLASS IS CANCELED. NO EXCEPTIONS.

NEITHER THE CITY OF LOS ANGELES NOR CHATSWORTH RECREATION CENTER
CARRIES INSURANCE. PATRON MUST CARRY THEIR OWN INSURANCE.

(PRINT LEGIBLY) Student Name: _____ **Circle one: MALE - FEMALE AGE:** _____

Student Date of Birth: _____ **Parent Name (If the student is a minor)** _____

Address: _____ **City:** _____ **Zip Code:** _____

Best Contact Number (Parent) _____ **2nd Best Contact Number (Parent)** _____

Home Phone: _____ **Cell:** _____ **Email:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

NAME OF CLASS	DAY(S)	TIME(S)	AMOUNT	RECEIPT #

I, the undersigned, give permission for my child(ren), whose name(s) appear above, to participate in the Chatsworth Recreation Center programs. I understand that nature of sports activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer agents and employees from any liability in connections with any injury to my child in connection with this league. I understand that the Recreation Facility CARRIES NO INSURANCE. I do hereby authorize Chatsworth Park R.C. as agents for the under-signed to consent to 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 Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of 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 his best judgment may deem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent. I hereby give permission for my child to have their photographic or film image used for any projects pertaining to Chatsworth Park Recreation Center. As it is difficult to pull individual children out of photographs and film, I understand that there is not an option for my child to be excluded. I understand that the receipts that I receive for any payments at Chatsworth Park Recreation Center will serve as proof of payment for income tax purposes. All receipts should be retained, as Chatsworth Park Recreation Center will not provide additional copies of receipts or payment records. A non refundable 15% administration fee will be assessed by the Recreation Center for any patron granted a refund, change, or transfer per class or sports league registration. No full refunds will be issued unless a class or sports league is canceled by the Recreation Center.

Signature of Participant or Guardian _____ **Date** _____