GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY ... BE A GOOD SPORT Elysian Valley Recreation Center—1811 Ripple St., Los Angeles, CA 90039



CLASS REGISTRATION FORM

PARTICIPANT INFORMATION			
ast Name First Name			
□ Male □ Female Birthdate	_ / / Age Grade_	School	
Do you have a brother or sister	playing in this same age division	on? □ Yes	□ No
	GENERAL IN	NFORMATION	
Parent/Guardian	Email		
Address	Apt#	City	Zip Code
Home Phone	Cell Phone	Work Phone	
	Phone#		
Check here if this is a new h	ousehold address or phone nu	ımber.	
hold harmless the City of Los Angeles I understand the park carries no insur I, the undersigned parent (s) of	r my child, whose name appears ab s, and its officers, agents/employees ance. etic, medical or surgical diagnosis o lized supervision of any physician licosis or treatment is rendered at the Elysian Valley RC, I, the undersigned.	for any injury to my child as a , do authorize Elysian Va r treatment and hospital care w censed under the provisions of office of said physician or at sa , agree to allow the City of Los A carticipants for use in publicity m	illey RC as agent for the undersigned to which is deemed advisable by, and is to be the Medical Practice Act or the staff of a aid hospital.
PLAYLA ACTIVITY			
SESSION	CLASS NAME	RR#	RECEIVED BY
REFUND POLICY No Refunds will be issued unless the program is cancelled. INITIALS		MEDIA RELEASE The City of Los Angeles, Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape or video) of my child for promotion of City of Los Angeles Department of Recreation and Parks' programs. INITIALS	