

CLASS PARKS TEEN CLUB

APPLICATION

Recreation Center: Jim Gilliam Recreation Center Today's Date: _____

Participant Name: _____ Home Phone #: (____) _____

Date of Birth: Month _____ Day _____ Year _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Gender Neutral

When is the best time to reach you by phone?: _____

T-Shirt Size: XS S M L XL XXL Are you on formal probation? Yes No

Name / phone of your probation officer (if applicable): _____

School Attending: _____ Grade Level: _____

Favorite subject in school: _____ Least favorite: _____

Who is your Counselor in school: _____

What sports do you like to play?: _____

What do you want to get out of Teen Club?: _____

What is something you have never done before, but would like to do?: _____

Parent / Guardian Information:

Parent's Name: _____ Cell Phone #: (____) _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Ext.: _____

Email Address: _____

Parent's Name: _____ Cell Phone #: (____) _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Ext.: _____

Email Address: _____

• Do you, as Parent / Guardian, authorize any other person to sign your child in or out of a teen activity?
 Yes: Name: _____ No, I do not authorize anyone else:
 Name: _____
 Name: _____

• Do you authorize your child to sign him / herself out after a teen event? Yes: No:

Parent/Guardian Signature

Date

Applicant Signature

Date

CLASS PARKS TEEN CLUB

TEEN CLUB RULES

To complete form, all boxes must be checked and signed below:

I, (applicant's full name) _____

- I have completed my **Teen Club Application**
- I have turned in my **Parent Consent Form**
- I have turned in my **Health History Form**
- I have included parent contact information
- I have fully read and understand the teen club rules
- I understand that if I violate a rule of conduct, actions will be taken
- I will be an active member of teen club

Computer Workstation Consent

1. In order to use the computer workstations, all users must log-in as students.
2. To use a Recreation and Parks computer workstation, the student must complete the Sign In / Sign Out log.
3. Department staff may limit the number of users utilizing the same computer workstation.
4. Before users leave the computer workstations, return the screens to the Main Menu
5. The computer workstations should be used for educational purposes only.
6. Users must not:
 - a. Remove privacy screens
 - b. Remove desktop icons from the desktop
 - c. Save files on the hard drives
 - d. Damage the computer hardware or software
 - e. Use the computer workstations for illegal activity
 - f. Create or distribute computer viruses
 - g. Eat or drink at the computer workstation
 - h. Disturb other users

Violations of these guidelines may result in the suspension of computer workstation privileges. Unlawful activities will be reported to the Park Rangers and LAPD and will be dealt with in an appropriate manner.

Photo Release

The City of Los Angeles, Department of Recreation and Parks, its agents and assigned representatives, has permission to use the image (digital, film and/or audio) of my child, _____, a minor, for the promotion of department programs and/or events via any City of Los Angeles media platforms (audio, film, internet, print and/or social media).

I also give permission for my child's first name to be used: Yes No

Should this child's image be used on our department website, or any social media outlets, their name will not be included.

Applicant Signature

Date

Parent/Guardian Signature

Date

Director's Signature

Date

**CITY OF LOS ANGELES
DEPARTMENT OF RECREATION AND PARKS
CLASS PARKS**

EMERGENCY INFORMATION

Youth's Name: _____ Home Phone: (____) _____
Address: _____
City: _____ State: _____ Zip Code: _____
Parent/Guardian: _____ Work Phone: (____) _____
Parent/Guardian: _____ Work Phone: (____) _____
Youth's Birthdate: _____ Age: _____ School: _____ Grade: _____
Medical Plan (insurance): _____ Allergies and/or medication: _____
Can your child be given: Tylenol? _____ Pepto-bismal? _____ Benadryl? _____
Please list any medical conditions or restrictions: _____

If parents are not available, other authorized adults to call in an emergency:

Name: _____ Home Phone: (____) _____ Work Phone: (____) _____
Name: _____ Home Phone: (____) _____ Work Phone: (____) _____
Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

PARENT/GUARDIAN PERMISSION

I hereby authorize my son/daughter _____ to travel (bus, van or walking) to any field trip/outing in association with CLASS Parks. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATED: _____ **PARENT OR GUARDIAN SIGNATURE:** _____

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE
OF EMERGENCY, ILLNESS, OR ACCIDENT**

(I), (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the **Directors and staff of the CLASS Parks program** as agent(s) for the undersigned to consent to 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 specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

DATED: _____ **PARENT OR GUARDIAN SIGNATURE:** _____