



City of Los Angeles  
 Department of Recreation and Parks  
 Jim Gilliam Recreation Center  
 4000 S. La Brea Ave L.A. 90008



# GPLA Fitness Class Registration Form

**CLASS: Volleyball**

**Cheer**

**PARTICIPANT INFORMATION**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M F

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**PERSON(S) TO CONTACT IN CASE OF EMERGENCY, if I cannot be reached:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

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

**PARENT/GUARDIAN PERMISSION**

I hereby authorize my son/daughter \_\_\_\_\_ to travel (bus, van or walking) to any field trip/outing/school pickup/ bus stop pick up in association with JIM GILLIAM RECREATION CENTER, including walking from school with staff to Jim Gilliam Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

**DATE:** \_\_\_\_\_ **PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

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

(I)/ (We), the undersigned parent (s) of \_\_\_\_\_, a minor, do hereby authorize the **DIRECTORS AND STAFF OF JIM GILLIAM RECREATION CENTER** 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 (M.D.), dentist (D.D.S.) 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. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. **CALIFORNIA SECTION 25.8 CIVIC CODE.** 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. I further relieve the Department of Recreation and Parks, City of Los Angeles, and its officers, agents or employees of any liability in connection with this request.

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

**DATED:** \_\_\_\_\_ **PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

