

CLASS PARTICIPANT INFORMATION FORM

PLEASE FILL OUT THIS FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT

PARTICIPANT LAST NAME: _____ PARTICIPANT FIRST NAME: _____

BIRTHDATE: _____ AGE: _____ SEX: Male Female

Address: _____ City: _____ Zip: _____

Emergency Contact Name: _____ Relation to Participant: _____

Home Phone: _____ Alternate Phone: _____

Please fill in all classes the participant is taking		Session: Winter	
NAME OF CLASS:	DAY:	TIME:	FEE:
Weight Lifting	Varies	Varies	\$10
Board Games	Wednesday / Friday	1 pm - 3pm	FREE
Ping Pong	Tuesday / Thursday	1:30 pm - 3pm	FREE
Tutoring	Wednesday	4:00-7:00pm	FREE
Senior Cell Phone Workshop	Monday	12:30 – 1:30 pm	FREE
Senior Craft Expression	Monday	1:30 – 2:30 pm	FREE
Senior Stress Relief Wellness	Tuesday	1 pm - 3pm	\$5

INITIAL EACH POLICY BELOW:

_____ **REFUND POLICY:** Refunds will be issued only until the Wednesday prior to the start of the class session unless the program is cancelled by the Recreation Center. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the patron.

_____ **CONSENT:** By registering, you understand that you are giving your authorization to participate in the Jim Gilliam Recreation Center programs and all activities therein. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on 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 authorization is given in advance of any specific consent.

_____ **PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and the Jim Gilliam Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read, understand, and agree to abide by the above mentioned policies and practices.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

FOR OFFICE USE ONLY	Received by: _____	Receipt No.: _____
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