

LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

JIM GILLIAM SENIOR CITIZEN CENTER APPLICATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ IN CASE OF EMERGENCY, NAME: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMERGENCY NUMBER: \_\_\_\_\_

PRIMARY PHYSICIAN \_\_\_\_\_

CHRONIC ILLNESS? Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Interested in following activities: \_\_\_\_\_

Transportation: Car \_\_\_\_\_ Bus \_\_\_\_\_ Walk \_\_\_\_\_

**CONSENT:** By registering, you understand that you are giving your authorization to participate in the \_\_\_\_\_ Senior Citizen/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 Senior Citizen/Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you 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 of 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 \_\_\_\_\_ Senior Citizen/Recreation Center to use photographs, video/audio 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: \_\_\_\_\_