

City of Los Angeles Department of Recreation & Parks

Lemon Grove Recreation Center

ADULT

Registration Form

ACTIVITY: _____

Participant Information:

Last Name _____ First Name _____

Birth date (MM/DD/YYYY) ____ / ____ / ____ Age _____

Gender: M _____ F _____

General Information:

Address _____ Apt# _____ City _____ Zip _____

Phone: Day (____) _____ - _____ Cell # (____) _____ - _____ Night (____) _____ - _____

Emergency Contacts:

Name _____ Phone (____) _____ - _____ Relationship _____

Name _____ Phone (____) _____ - _____ Relationship _____

I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks, and its officials, agents/employees for any injury to my child(ren) as a result of participation in the Lemon Grove Recreation Center. I understand and agree that neither the City of Los Angeles, Department of Recreation and Parks or Lemon Grove Recreation Center or any class carries insurance. I understand and agree with the terms listed above.

Signature _____ Date _____

January RR#: _____ Amount: _____	February RR#: _____ Amount: _____	March RR#: _____ Amount: _____	April RR#: _____ Amount: _____
May RR#: _____ Amount: _____	June RR#: _____ Amount: _____	July RR#: _____ Amount: _____	August RR#: _____ Amount: _____
September RR#: _____ Amount: _____	October RR#: _____ Amount: _____	November RR#: _____ Amount: _____	December RR#: _____ Amount: _____

Person with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements.

Achieving gender equity through a continuous commitment to girls and women in sports.

"Payment by checks or Money Orders only" "A collection fee will be charged for each returned check"