

City of Los Angeles Department of Recreation and Parks

Lemon Grove Recreation Center

Registration Form

Activity:

Last Name: _____ First Name: _____

Birth date: _____ Age: _____ Gender: Male: _____ Female: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone _____ Cell Phone _____

E-mail _____

School Name: _____ Grade: _____

Emergency Contact Name _____ Phone: _____

Parent Consent Form

I, the undersigned, give permission for my child, whose name appears above, to participate in the LEMON GROVE RC Program. I understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified in good health, in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer agents and employees from any liability in connection with any injury to my child in connection with the is league. I understand that the Recreation Facility CARRIES NO INSURANCE. I the undersigned parent of, _____ a minor, do hereby authorize LEMON GROVE RC as agents for the undersigned to consent X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisably by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the medical practice act on the staff of licensed hospital, whether such diagnosed or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

Signature _____ Date _____

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