



**CITY OF LOS ANGELES  
DEPARTMENT OF RECREATION AND PARKS**

**LOU COSTELLO RECREATION CENTER**  
3141 East Olympic Blvd, Los Angeles, CA 90023 • Phone: 213-485-9111  
Website: <http://www.laparks.org>



**AFTER - SCHOOL PROGRAM  
APPLICATION 2021 - 2022**



**CHILD INFORMATION**

Childs Name:		Birthday:	Age:	Grade:
Street Address:		City, State:		Zip:
Home #:	Cell #:	Email address:		
School Name:				

**PARENT / GUARDIAN INFORMATION**

Guardians Name:	Home #:	Work #:	Cell #:
Street Address:		City, State:	Zip:
Email Address:			
Guardians Name:	Home #:	Work #:	Cell #:
Street Address:		City, State:	Zip:
Email Address:			

**I authorize the following persons to pick-up my child from the Lou Costello after - school program:  
Note: Those individuals not on the list will not be able to pick up child from the after - school program.**

**AUTHORIZED PICK-UP**

1. Name:	Address:	Phone:	Relationship:
2. Name:	Address:	Phone:	Relationship:
3. Name:	Address:	Phone:	Relationship:
4. Name:	Address:	Phone:	Relationship:

**I authorize my child (must be age 12 - up) to sign him/herself out of the after - school program:**       Yes       No

**Parent / Guardian Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

## WAIVERS

I am aware that the City of Los Angeles Department of Recreation and Parks **does not carry insurance** for my child. I further agree to relieve Lou Costello Recreation Center and the City of Los Angeles Department of Recreation and Parks, and its officer, agents, and/or employees of any liability in connection with this agreement, and for any accident or injury that may occur during my child's participation in any recreation program at or originating from this facility.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I promise to abide by all rules and codes set forth, by not only Lou Costello Recreation Center's staff members, but also those set by my peers. I further promise to act courteous towards and respect each camper and staff member at Lou Costello Recreation Center. I realize that if any actions cause by me harm or make another member uncomfortable, I may be asked to leave the program and/or activity and will do so quietly.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## CONSENT TO TREATMENT / ILLNESS OR ACCIDENT

I (We), the undersigned parent / guardian of \_\_\_\_\_, a minor, do hereby authorize the staff of Lou Costello Recreation Center as agent(s) for the undersigned to consent to an 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 special supervision of any physician 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 the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but 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 the aforementioned physician in the exercise of his/her best judgment may deem advisable.

**This authorization shall remain effective continuously unless revoked in writing and delivered to said agent(s).**

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note: The signing of this Consent to Treatment Authorization is not mandatory but is requested for your child's protection.**

## EMERGENCY INFORMATION

Emergency Contact:	Home #:	Work #:
Participant's Medical Plan:	Insurance #:	
Physician:	Phone #:	
Dentist:	Phone #:	
Current Medical Problems and/or Allergic Reactions:		
Current Medication and/or Special Needs:		
May your child be given <u>Asperin</u> or <u>Tylenol</u> if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Benedryl?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No

## IMMUNIZATION / BOOSTER

Has the child had any of the following? (Please write **YES** or **NO**)

_____ Chicken Pox	_____ Mumps	_____ Colds	_____ Tetanus
_____ Measles	_____ Sinus Trouble	_____ Headaches	_____ Diphtheria
_____ German Measles	_____ Ear Infections	_____ Fainting	_____ Whooping Cough
_____ Rheumatic Fever	_____ Tonsillitis	_____ Constipation	_____ Polio
_____ Scarlet Fever	_____ Appendicitis	_____ Stomach Upset	_____ Mumps
_____ Diphtheria	_____ Asthma	_____ Skin Rash	_____ Measles
_____ Heart Trouble	_____ Hay Fever	_____ Nosebleed	_____ German Measles

*List year of last immunization  
or booster:*

**Year:** \_\_\_\_\_

**Important Note:** Recreation Center staff will not be responsible for administering any type of medication. There will be no exceptions. Should anything happen to your child that would alter this health history report, please let Lou Costello Recreation Center staff know as soon as possible.

## TRAVEL CONSENT

I do hereby authorize my child, \_\_\_\_\_, to travel (via bus, van or walking) to any field trip/outing in association with Lou Costello Recreation Center after - school program. I release the City of Los Angeles and its officials, agents, and/or employees from any liability in connection with this authorization.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PHOTOGRAPH IDENTIFICATION CONSENT

I, \_\_\_\_\_, do agree to allow my child, \_\_\_\_\_, to be photographed while participating in Lou Costello Recreation Center after - school program to travel (via bus, van or walking) to any field trip/outing in association with the Lou Costello Recreation Center after - school program. I release the City of Los Angeles and its officials, agents, and/or employees from any liability in connection with this authorization.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## GENERAL POLICIES & PROCEDURES (PARENT & CHILD)

- 1 The Department of Recreation and Parks does not carry insurance.
- 2 Lou Costello Recreation Center after - school program will accomodate up to 30 children a week on a first come, first serve basis.
- 3 Payments are due to the first day of each month enrolled in the program. A \$10.00 late fee will be assessed for late payments.
- 4 There are no sibling discounts.
- 5 There are no refunds once the after - school program has started a monthly session.
- 6 Written permission must be provided if you wish for your child to be released to anyone other than those authorized on the registration form.
- 7 Staff reserves the right to change or alter programming at any time without notice.
- 8 Staff is not responsible for lost or stolen articles (please leave toys, and electronics at home).
- 9 Programmed activities generally occur between 3:00P.M. - 6:00P.M.
- 10 Each after - school participant will be given a food snack during program operating hours.
- 11 If your child is not picked up by 6:00P.M, a \$10.00 late fee will be assessed for every 15 minutes late, over and above all other fees.
- 12 **ANY and/or ALL** of the following indiscretions will be cause for immediate disciplinary action by Lou Costello Recreation Center staff depending on the severity of the offense.

<b>Fighting</b>	<b>Stealing</b>	<b>Smoking</b>	<b>Weapons</b>	<b>Vandalizing</b>
<b>Swearing</b>	<b>Walking off without permission</b>	<b>Disrespect of staff</b>	<b>Tagging</b>	<b>Littering</b>

I have read and understand the General Policies and Procedures. I hereby agree to abide by all of the above mentioned policies and procedures. The transgression of any policy, depending on the severity can be cause for immediate expulsion from the 2021 - 2022 Lou Costello Recreation Center after - school program without a refund. I have discussed all disciplinary policies and procedures with my child and he/she understands.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Child Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_