



PARK PROUD LA

HOUSEHOLD NUMBER: _____

CLASS / ACTIVITY REGISTRATION FORM

• Participant's Last Name: _____ First Name: _____

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

Address: _____ City: _____ Zip: _____

Home Phone _____ Cell Phone _____ E-mail _____

School Name: _____ Grade: _____

• Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-mail _____

• Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-mail _____

• Emergency Contact Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-mail _____

CLASSES / ACTIVITY	SESSION	\$FEE	RECEIPT NUMBER	STAFF INITIALS

REFUND POLICY: Refunds will be given up to the day prior to the first class meeting ONLY. A 15% administration fee will be assessed by the recreation center for any patron granted a refund. Full refunds will not be issued unless a class or sports league is cancelled by the center. There will be **NO REFUNDS** after the program has begun unless a class or sports league is changed or cancelled by the recreation center. Credits or make-ups will not be given for classes missed by the patron. Please allow 6-8 weeks for the processing of all refund requests

Monthly/weekly/session fees are due before the first day of class/ activity.

PARTICIPANT/PARENT CONSENT: By registering, you understand that you are giving your authorization to participate in the Hollenbeck 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 or your child(ren) 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 you and your child(ren): 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, its agents and assigned representatives and the Hollenbeck Recreation Center permission to use the image (digital, film and/or audio) 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 PARENT/PARTICIPANT: _____ **DATE:** _____