# Spring Classes

Registration Begins

**Monday, March 2, 2020**

<table>
<thead>
<tr>
<th>Age</th>
<th>Class</th>
<th>Dates &amp; Times</th>
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| 8-10 yrs. | Basketball Training | Fridays 4pm-5pm  
Starting April 17th – Ending June 5th  |
| 11-12 yrs. | Basketball Training | Fridays 5pm-6pm  
Starting April 17th – Ending June 5th  |
| 13-15 yrs. | Basketball Training | Fridays 6pm-7pm  
Starting April 17th – Ending June 5th  |
| 9-15 yrs. | YOGA        | Wednesdays 4pm-5pm  
Starting April 15th – Ending June 3rd  |
| 6-7 yrs.  | Soccer Training  | Tuesdays 4pm-5pm  
Starting April 14th – Ending June 2nd  |

Classes are offered for 8 weeks!

## Bogdanovich Recreation Center

1920 Cumbre Drive, San Pedro, CA 90732

Phone: (310) 548-7590

Email: bogdanovich.recreationcenter@lacity.org

Program is partially funded by GPLA.

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

"Achieving Gender Equity through a continuous commitment to girls and women in sports"

Programs and classes may be subject to change.
GPLA Fitness Class Registration Form

CLASS:

PARTICIPANT INFORMATION
Participant's Last Name: __________________________ First Name: __________________________ M F
Address: ____________________________________ City____________________ Zip Code________________
Birthday: ___/___/____ Age: ____ School: __________________________ Grade: _______

PARENT/GUARDIAN CONTACT INFORMATION
Parent/Guardian Name: __________________________
Home Phone: (___)____________ Work Phone: (___)____________ Cell Phone: (___)____________
Parent's Name: __________________________________
Home Phone: (___)____________ Work Phone: (___)____________ Cell Phone: (___)____________

PERSON(S) TO CONTACT IN CASE OF EMERGENCY, if I cannot be reached:
Name: __________________________ Phone Number: (___)____________ Relationship: _______
Name: __________________________ Phone Number: (___)____________ Relationship: _______

Parent/Guardian Name: ___________________________________ Signature: __________________________ Date: ___/___/____

PARENT/GUARDIAN PERMISSION
I hereby authorize my son/daughter ______________________ to travel (bus, van or walking) to any field trip/outing/school pickup/ bus stop pick up in association with _______________________________ RECREATION CENTER, including walking from school with staff to ____________________ Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATE: __________________________ PARENT OR GUARDIAN SIGNATURE: __________________________

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT
(1) We, the undersigned parent(s) of __________________________, a minor, do hereby authorize the DIRECTORS AND STAFF OF __________________________ RECREATION CENTER as agent(s) for the undersigned to consent to any 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 specific supervision of any physician (M.D.), dentist (D.D.S.) 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 said hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. CALIFORNIA SECTION 25.8 CIVIC CODE. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and 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 aforementioned physician in the exercise of his/her best judgment may deem advisable. I further relieve the Department of Recreation and Parks, City of Los Angeles, and its officers, agents or employees of any liability in connection with this request.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

DATED: _______________ PARENT OR GUARDIAN SIGNATURE: __________________________

Revised 8/1/17