

# CLASS PARKS

## TEEN CLUB

### APPLICATION

Recreation Center: MLK Recreation Center Today's Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Male Female Gender Neutral

When is the best time to reach you by phone?: \_\_\_\_\_

T-Shirt Size: XS S M L XL XXL Are you on formal probation?  Yes  No

Name / phone of your probation officer (if applicable): \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Favorite subject in school: \_\_\_\_\_ Least favorite: \_\_\_\_\_

Who is your Counselor in school: \_\_\_\_\_

What sports do you like to play?: \_\_\_\_\_

What do you want to get out of Teen Club?: \_\_\_\_\_

What is something you have never done before, but would like to do?: \_\_\_\_\_

#### Parent / Guardian Information:

Parent's Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Do you, as Parent / Guardian, authorize any other person to sign your child in or out of a teen activity?

Yes:  Name: \_\_\_\_\_ No, I do not authorize anyone else:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

- Do you authorize your child to sign him / herself out after a teen event? Yes:  No:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# CLASS PARKS TEEN CLUB

## TEEN CLUB RULES

To complete form, all boxes must be checked and signed below:

I, (applicant's full name) \_\_\_\_\_

- I have completed my **Teen Club Application**
- I have turned in my **Parent Consent Form**
- I have turned in my **Health History Form**
- I have included parent contact information
- I have fully read and understand the teen club rules
- I understand that if I violate a rule of conduct, actions will be taken
- I will be an active member of teen club

### Computer Workstation Consent

1. In order to use the computer workstations, all users must log-in as students.
2. To use a Department of Recreation and Parks computer workstation, the student must complete the \_\_\_\_\_ Sign In / Sign Out log.
3. To use a Department of Recreation and Parks Educational Software Title, the student must fill out a CD-Rom Check-In/Check-Out Form.
4. Department staff may limit the number of users utilizing the same computer workstation.
5. Before users leave the computer workstations, they are requested to return the screens to the Main Menu, and Instructors are requested to turn off all machines.
6. Users should share the system and careful not to monopolize it.
7. The computer workstations should be used for educational purposes only.
8. Users must not:
  - a. Remove privacy screens
  - b. Remove desktop icons from the desktop
  - c. Save files on the hard drives
  - d. Shut off the computers
  - e. Damage the computer hardware or software
  - f. Use the computer workstations for illegal activity
  - g. Eat or drink at the computer workstation
  - h. Leave the computer terminal messy
  - i. Disturb other users
  - j. Create or distribute computer viruses
  - k. Perform "hacking" of any kind

Violations of these guidelines may result in the suspension of computer workstation privileges. Unlawful activities will be reported to the Park Rangers or the Los Angeles Police Department and will be dealt with in an appropriate manner.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS  
**CLASS PARKS TEEN PROGRAM**

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**EMERGENCY INFORMATION**

Youth's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Youth's Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Medical Plan (insurance): \_\_\_\_\_ Allergies and/or medication: \_\_\_\_\_  
Please list any medical conditions or restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If parents are not available, other authorized adults to call in an emergency:

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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**PARENT/GUARDIAN PERMISSION**

I hereby authorize my son/daughter \_\_\_\_\_ to travel (bus, van or walking) to any field trip/outing in association with CLASS Parks. 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: \_\_\_\_\_

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**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE  
OF EMERGENCY, ILLNESS, OR ACCIDENT**

(I), (We), the undersigned parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the **Directors and staff of the CLASS Parks program** 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 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.

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.

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

DATE: \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_



City of Los Angeles Department of Recreation and Parks

**HEALTH HISTORY FORM**



**PARK PROUD  
LA**

Note: Should anything happen to the participant that would alter his/her health history information after this form is returned, and before arrival at camp, please let the MLK Recreation Center know immediately.

Participant Name: \_\_\_\_\_

MALE or  FEMALE Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Legal Guardian (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor (name): \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the participant had the following (please check):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Sinus Trouble  | <input type="checkbox"/> Fainting      |
| <input type="checkbox"/> Measles         | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Constipation  |
| <input type="checkbox"/> German Measles  | <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma         | <input type="checkbox"/> Skin Rash     |
| <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds    |
| <input type="checkbox"/> Heart Trouble   | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Mumps           | <input type="checkbox"/> Bed Wetting    |  |

**Restrictions:**

- I have reviewed the program and activities of the facility and feel he/she can participate without restrictions.
- I have reviewed the program and activities of the camp and feel he/she can participate with the following restrictions or adaptations:

\_\_\_\_\_

**Allergies / Other (please specify):**

- Bee stings, mosquitoes, etc.: \_\_\_\_\_
- Food (name): \_\_\_\_\_
- Medication(s): \_\_\_\_\_
- Asthma (or hay fever): \_\_\_\_\_
- Other: \_\_\_\_\_

Has the Minor received medical treatment during the past year?  YES or  NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the participant taking any medications now?  YES or  NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are all Immunizations up to date? \_\_ yes \_\_ no



City of Los Angeles Department of Recreation and Parks  
**WAIVER AND RELEASE FORM**



In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **MLK Jr. Teen Club Programs (Teen Club, Friday Night Extreme Teens, Camps, Special Events, Field Trips)** granting the above-named child \_\_\_\_\_ the opportunity to participate in all programs.

I, (print name) \_\_\_\_\_ the \_\_\_\_\_ undersigned, as the parent/guardian of (print name) \_\_\_\_\_ (“the Minor”), I do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the Program’s activities;**

**MLK Jr. Rec Center is granted permission** to care for my Minor while at the facility; this cover all activities including those away from the park site, which involves any type of transportation (bus, Metro train, van, walking). Each minor is expected to partake in all activities in which they are physically able.

**I understand the staff at MLK Jr. RC** is not responsible for any lost, stolen or damaged items.

**I further understand and agree** that electronic equipment such as: IPODS, MP3 players, all portable game systems are the sole responsibility of the Minor and should be left at home; however, they cannot be used without the permission of the MLK staff/representative.

**All communication needed** with the Minor must be made through the park office via phone or in writing.

**I understand that if my Minor misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the staff or allow ages 11-17 to sign out and leave on their own.

**I understand that** MLK RC and the City of Los Angeles Department of Recreation and Parks carries no insurance.

**I agree to complete the Health History** form providing the Minor’s current, complete and truthful health history; including immunization history and overall health status;

**I understand that under certain medical conditions** the staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

**I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;

**I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

**I give my consent** to have the Minor to participate in all aspects of the Program;

**I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program;

**I give my consent** to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;

**I understand that the Camp has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor they have emergency medical care while participating in the Program; **I**

**hereby give the personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the MLK personnel to render medical care deemed necessary and appropriate;

**Except for the gross negligence or willful misconduct of the Camp, I (print name)** \_\_\_\_\_  
 \_\_\_\_\_ **waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles Department of Recreation and Parks, **[MLK Jr. RC]** its officers, agents, employees and/or personnel, and

**I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **[MLK Jr. RC]** its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action,

costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;

**I agree to keep the MLK staff advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;

**I also authorize the program at MLK Jr. RC, City of Los Angeles Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**

**I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;

**I agree to abide by the rules and policies set forth in this registration and waiver release forms;**

**I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form;

**I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

**Important: Parent or Guardians Original Signature Required.**

**Childs Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_