REGISTRATION GUIDE

REGISTRATION START HERE



Scan me for registration Or type www.laparks.org

Step #2

Step #1

SELECT: ACTIVITY REGISTRATION OPTION



SELECT LOCATION (PARK)

		No wrong DOO	R Virtual Recreation Resources
Home Activit	ty Registration Facilities - Events Service	es About Us - Q Site Search	
Discover Activities		CLICK: LOCA	TION (A Sign In)
Q Search for Name	Favorites Cate ory V	ocation (1) A me 🗸 Who 🗸	Price 🗸
Rancho Cienega RC × 🥎 Clear 6 Activities Results	RAN Ran	ICHO CIENEGA RC	TYPE: RANCHO CIENEGA RC
Spring PlayLA Hip Hop Fi Fitness Exercise Apr 12, 2022 - May 31, 2022, 7:00 pm Tue Age: 8-12 years	itness Dance • Rancho Cienega RC	~ ♡	IT WILL SHOW ALL CLASSES/ SPORTS ACTIVITIES
Spring PlayLA Cheer & D Cheer Apr 13, 2022 - Jun 1, 2022, 6:00 pm - Wed Age: 8-12 years	rumline • Rancho Cienega RC - 7:00 pm.	~ ♡	\$10

Step #4

Step #3

SELECT ACTIVITY/ CLASS



Available

Step #5

CLICK ON AVAILABLE ACTIVITY/CLASS



Step #6	SELECT TO ADD	TO CART		
Spring PlayL Training (8 - Apr 12 - May 31 20 Tuesday Age 8 - 10 years Price: \$10 Available Spots: 11	A Football Skills 10) 22. 6:00 pm - 7:00 pm 22. 6:00 pm - 7:00 pm Tuesday Age 11 - 12 yec Price: \$10 Available Spon Selected ✓	ayLA Football Skills 11 - 12) 51 2022, 7:00 pm - 8:00 pm ars ars: th: 10 Available	Spring PlayLA Football Lineman Skills Apr 12 - May 31 2022, 6:00 pm - 7:00 pm Tuesday Age 10 - 12 years Price: \$10 Available Spots: 10	
Selected Items Spring PlayLA Football Skill	s Training (8 - 10) 04/12/2022 @ 6:00 pm - 7	:00 pm 🗙	🔨 Clear Selection	Add to Cart
Step #7	CREATE A NEW ACC	COUNT OR SIGI	N WITH EXISTING ACCO	UNT
	Home Activity Registration Facilities -	Events Services About Us -	Q Site Search	
	WebTrac Login Username * Password *	n Login ne? or cccount? Sign Up Now		
Step #8	CREATE USERNA Home Activity Registration Facilities -	AME AND PA	SSWORD (NEW A	CCOUNT)
Household Add				
New Account Information Username (Up to 50 Characters - Password * Retype Password to Confirm *	Email Address Recommended) *	CREATE	YOUR OWN PERSONAL IAME AND PASSWORD	

FILL OUT INFORMATION

PARENT OR LEGAL GUARDIAN

INFORMATION

irst Name *	Last Name *	Address Line 1 *
Address Line 2	City *	State * CA
		Zip Code *
mail *	Confirm Email *	Phone *
hone Type Select a Phone Type	Phone #1 Provider Select A Phone Provider	Gender *
irthday (Mandatory Only for Adult Classes & Sports)	Opt Into Email	Participate in Promotions

▲ Household Questions	
Household Size	
Not Selected Marital Status	
Not Selected	•
Annual Household Income (Pre-Tax)	
Rec/Ethnicity	
Not Selected	•
What is the highest level of education completed by a household member?	
Not Selected	ן נ



Step #9

Step #10 SELECT FAMILY MEMBER



Step #11

CITY WAIVER AND DISCLAIMERS

Questions						
I agree that pursuant to City of Los Angeles Ordinance No. 187219, beginning Monday, November 29, 2021, PROOF OF COVID-19 VACCINATION will be required for individuals eligible (ages 12 and over) for COVID vaccination to enter all indoor LA Parks facilities. All individuals that are eligible for COVID vaccination participating in indoor programming must show PROOF OF COVID-19						
over) for COVID vaccination to enter all i	eles Ordinance No. 187219, beginning Monday, November 29, 2021, PRODF OF COVID-19 VACCINATION will be required for individuals eligible (ages 12 and indoor LA Parks facilities. All individuals that are eligible for COVID vaccination participating in indoor programming must show PROOF OF COVID-19					

Waivers	
Date: 03/	08/2022
Time: 1:0	7 pm
Head of I	Household:
Enrollee:	
By my part property, p in consider COVID-19 (On behalf onto RAP p officers, ag damages, (my child et losses, or a RAP or any	ACCEPTANCE OF RISK AND WAIVER OF LIABILITY (Liptation L) resistic Garcia, am Utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given attion for RAP programs, and utilizing RAP equipment and facilities during this emergency period. Therefore, without limitation. I understand that I and/or my child contract disease which could esuit in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. of myself and/or my child and our heirs, successors and assigns. I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its ents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, sepenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foresen or unforeseen, (collectively, "Damages") as a result of me and/or treing not RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property iny other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any or related to COVID-19.
AUTHORIZ	(ATION TO PARTICIPATE:
My child, a	minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by
staff to pro	wide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child
to be quali	fied, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and
agents and	lemployees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.
CONSENT	TO TREATMENT OF A MINOR:
l, as the pa	rent and <i>rol</i> legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to
consent fo	r 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 specialized
supervision	o f any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said
physician o	or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best
judgment,	may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered
to said age	nt.

SCROLL DOWN AND CLICK BOTTOM AGREEMENT

Step #12

SHOPPING CART

Home | Activity Registration | Facilities - | Events | Services | About Us - | Q Site Search **Shopping Cart** Shopping Cart Name Total Fees Description Spring PlayLA Hip Hop Fitness Dance (655420601-01) (Enrolled) Bella \$ 10.00 \$ 10.00 **Grand Total Fees Due** Total Old Balances Not in Shopping Cart \$ 0.00 Π Continue Shopping CLICK TO CHECKOUT ADD MORE ITEMS EMPTY CART ON CART PAY BALANCES OWE

Step #13

INPUT BILLING INFORMATION

Last Name: * Home Phone w/area code: * Home Phone w/area code: * Email: * Re-Enter Email:				
Home Phone w/area code: * BilLING INFORMATION Email: * Re-Enter Email: Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Continue Back To Cart	Last Name: *		ADD INFORMATION ON	
Email: * Re-Enter Email: Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Back To Cart	Home Phone w/area code: *		BILLING INFORMATION	
Re-Enter Email: Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Back To Cart Back To Cart	Email: *			
Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Continue Back To Cart	Re-Enter Email:			
Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Continue Back To Cart				
Click 'Continue' to initiate the payment authorization process and generate a confirmation receipt. Continue Back To Cart				
Continue Back To Cart	Click 'Continue' to initiate the paymen	nt authorization process and generate a confirmation	ation receipt.	
	Continue	Back To Cart		

Step #14

BILLING PAYMENT OPTIONS

nter your payment details bel	low.		0	NLY	
ards Accepted		\supset	VISA OR N	IASTERCARD	
Secure	JANE DOE				
IT CARD NAME MUST	Card Number				
CH ACCOUNT	*Card Number				
ER NAME	Select 🗸	Select 🗸	Card CVV/CVC	1	
	*Exp Month	*Exp Year	*Card CVV/CVC		
illing Address	345 UNIVERSITY D	DR			
	*Address				
	Address (Line 2)				
	Address (Line 2)				
	Los Angeles		California	~	
	*City		*State/Province		
	Province (Outside US/Canada)				
	Province (Outside US/	Canada)			
	90011		UNITED STATES	~	
	*Zip/Postal Code		Country		
	*E-mail Address				
CLICK TO PAY	Phone Number				
	Submit Payment Cancel				

Will receive receipt via email

For More Information call: (323) 290-2330