

Print Parent/Guardian Name:

Name:

Nombre



ity of Los Angeles Department of Recreation and Parks Normandale Recreation Center



Female □

Mujer

Male □

Hombre



CLASS REGISTRATION FORM FORMA DE REGISTRACION PARA CLASES

CHILD / PARTICIPANT INFORMATION INFORMACION DE PARTICIPANTE

Fecha de Nacimiento

Birth Date:

Other information about this participant (special needs, asthma, allergies, medications, seizures, diabetes, etc.)? Algun of a informacion del participante (nececidades especiales, asma, alergias, medicaciones, convulciones, diabetes, etc.)? PARENT / GUARDIAN INFORMATION INFORMACION DE PADRE(S)/ APODERADOS	Age: Edad	Grade: Grado	School: Escuela						
Name: Nombre Address: Apt #: Apt #: City: Bracion # Apt #: Coudad # Estado # Postal Cell Phone #: # Email: # de Telefono Celular # Segundo # de Telefono # Correo Electronico Birth Date Fecha de Nacimiento: Male Hombre Female Mujer	Other info	ormation abou	t this participa	nt (special needs, cecidades especiale	asthma, allergios, asma, alergias	es, medications, seiz , medicaciones, convu	ures, diabetes, e Iciones, diabetes, e	tc.) ? etc.)?	
Address: Apt #: City: State: Zip: Direction # Apt #: City: State: Zip: Direction # Apt #: Ciudad Estado Postal Cell Phone #: Secondary Phone #: Email: # de Telefono Course Electronico Birth Date Fecha de Nacimiento: Male Hombre Female Mujer May we text/femail you updates about the program? Podemos mandarle text/femail con informacion del programa? Contamos con Voluntains. Diganos como puede ayudar. "Yes, please. Si, porfavor. No, thank you. No gracias. Head Coach Assistant Coach Volunteer Team Parer EMERGENCY CONTACT INFORMATION ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia ***Informacion debe ser DISTINTO a la informacion de arriba. First Name: Last Name: Phone: Phone: Relationship Relacion: Father Padro Inhother Madre Sibling Homan@ Aunt/Uncle Ti@ Grandparent Abuel@ Other Otro CONSENT TO PARTICIPATE Consentimiento Para Participar PARENT/GUARDIAN CONSENT: By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child/ren) resulting from and/or in connection with the activities in this program. Lunderstand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my 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 surformation with the activities in this program. Lunderstand base participate in the Recreation center carries no insurance. I hereby authorize the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital, whether such diagnosis or treatment is officials, agents, and employees from any liability in connection with thi		PAREN	T / GUARDI	AN INFORMAT	TION INFOR	RMACION DE PADR	E(S)/ APODERA	DOS	
Cell Phone #: Secondary Phone #: Email: # de Telefono Celular Segundo # de Telefono Correo Electronico Male Hombre Female Mujer									
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# de Telefono Celular Segundo # de Telefono Correo Electronico Male Hombre Female Mujer	Cell Phon	ne #:		Secondary Phone	e #:	Email:			_
May we text/email you updates about the program? Podemos mandarle text/email con informacion del programa? □Yes, please. Si, porfavor. □ No, thank you. No gracias. □Head Coach □Assistant Coach □Volunteer □Team Parer EMERGENCY CONTACT INFORMATION ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia ***Informacion debe ser DISTINTO a la informacion de arriba. First Name: □ Last Name: □ Phone: □ □ Mother Madre □ Sibling Herman@ □ Aunt/Uncle Ti@ □ Grandparent Abuel@ □ Other Otro CONSENT TO PARTICIPATE Consentimiento Para Participar PARENT/GUARDIAN CONSENT: By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my 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. PERMISSION: I hereby authorize my child □ to travel (bus, van, or walking) to any field trip/outing/school pickup/ bus stop pick up in association with the Recreation Center does not issue any refunds unless a class or program is canceled by the Recreation Center. A non-refundable 159 administrative fee will be charged for any classes the patron attended. Credits or make-ups will not be given for classe	# de Telefo			Segundo # de Telefor	10		ctronico		
Podemos mandarle text/email con informacion del programa? Yes, please. Si, porfavor. No, thank you. No gracias. Head Coach Assistant Coach Volunteer Team Parer	Birth Date	Fecha de Nacim	iento :	M	ale Hombre □	Female Mujer □			
First Name: Relationship Relacion: Father Padre Mother Madre Sibling Herman@ Aunt/Uncle Ti@ Grandparent Abuel@ Other Otro CONSENT TO PARTICIPATE Consentimiento Para Participar PARENT/GUARDIAN CONSENT: By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my 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. PERMISSION: I hereby authorize my child to travel (bus, van, or walking) to any field trip/outing/school pickup/ bus stop pick up in association with the Recreation Center, including walking from school with staff to the Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization. REFUND POLICY: The Recreation Center does not issue any refunds unless a class or program is canceled by the Recreation Center. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the	□Yes, pl	ease. Si, porfav	or. \square No, th	ank you. <i>No gracia</i>	s. □Head Co ON ***Inform	oach □Assistant C nation must be DI	oach □Volunte	er □Team F <mark>n above</mark>	^o arent
CONSENT TO PARTICIPATE Consentimiento Para Participar PARENT/GUARDIAN CONSENT: By registering, I understand that I am giving my authorization to participate in the Recreation Center programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my 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. PERMISSION: I hereby authorize my child	First Nam			•				ao anna.	
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THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).	activities the to me or my hereby authorized diagnosis, transurgeon lice rendered at PERMISSIO pick up in as officials, age REFUND PC administrative. Additional fereserves the PHOTO REI	erein. I agree to relicitly of Location resulting orize the City of Location resulting orize the City of Location resulting orize the City of Location results and ended the Protocological right to combine of LEASE: By participe photographs, vicinitation resulting and the city of th	deve the City of Los of from and/or in co on see Angeles to act a care which is deem ovisions of the Mechysician or at said rize my child	s Angeles Department innection with the actives agent for me and meet advisable by, and it dicine Practice Act and hospital. This authorization, including walking frow in connection with the not issue any refunds a Los Angeles Department of the patron attended. Creatly grams, I agree to allow monials of participants	t of Recreation and vities in this program y child(ren): to consist to be rendered und on the medical state attion is given in action in the second with staff is authorization. unless a class or prenent of Recreation and the clits or make-ups with the City of Los Ares for use in publicity	Parks, its officers, agent m. I understand that the Feent to any x-ray examinated the feent to any x-ray examinated the general or special of a licensed hospital; dvance of any specific colous, van, or walking) to a to the Recreation Center or orgram is canceled by the and Parks for any patron will not be given for class or materials free of any feet materials free feet	s, and employees from Recreation Center capation, anesthetic, mental supervision of any whether such diagnosent. I release the City of the Recreation Center granted a refund, chees missed by the particular or usage charge.	om any liability for arries no insurance dical or surgical or physician and/or physician and/or posis or treatment chool pickup/ bus of Los Angeles are. A non-refundab ange, or transferstron. The Recreation of the Recreation	r injury e. I r is s stop nd its le 15%

I have read, understand, and agree to abide by the above mentioned policies and practices.

Parent/Guardian Signature:

Page 1 of 2

Date:





Normandale Recreation Center FOR STAFF USE ONLY





CLASS PAYMENT LEDGER 2021

Participant Name:	Age:
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