



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

CLASS PARKS

TEEN CLUB



NORMANDEALE RECREATION CENTER ~ APPLICATION *Aplicacion*

Participant Name: _____ **Age:** _____ **Phone #:** (____) _____
Nombre de Participante *Edad* *# de Telefono*

Grade: _____ **Birth Date:** _____ **Male** **Female** **School:** _____ **Email:** _____
Grado *Fecha de Nacimiento* *Hombre* *Mujer* *Escuela* *Correo Electronico*

EMERGENCY INFORMATION

Medical Plan (insurance): _____ Allergies and/or medication: _____
 Please list any medical conditions or restrictions: _____

Other information about this participant (special needs, asthma, allergies, medications, seizures, diabetes, etc.)?
Algun otra informacion del participante (necesidades especiales, asma, alergias, medicaciones, convulsiones, diabetes, etc.)?

-Parent/Guardian Name: _____ **Cell Phone #:** _____ **Email:** _____
Nombre de Padre/Apoderado *# de Telefono Celular* *Correo Electronico*

-Parent/Guardian Name: _____ **Cell Phone #:** _____ **Email:** _____
Nombre de Padre/Apoderado *# de Telefono Celular* *Correo Electronico*

-Address: _____ **Apt #:** _____ **City:** _____ **State:** _____ **Zip:** _____
Direccion *# Apt* *Ciudad* *Estado* *Postal*

Emergency Contact Information *Informacion para Contactos de Emergencia*

Name: _____ Cell Phone: (____) _____ Home Phone: (____) _____
 Name: _____ Cell Phone: (____) _____ Home Phone: (____) _____
 Name: _____ Cell Phone: (____) _____ Home Phone: (____) _____

PARENT / GUARDIAN PERMISSION *Permiso de Padre / Apoderado*

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.

I authorize my child to sign him/herself in and out of the Teen Club Activities. Yes No

DATE: _____ **PARENT / GUARDIAN SIGNATURE:** X _____

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:** X _____



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TEEN CLUB RULES

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

I, (applicant's full name) _____

- | | |
|---|---|
| <input type="checkbox"/> I have completed my Teen Club Application . | <input type="checkbox"/> I have fully read and understand the Teen Club Rules. |
| <input type="checkbox"/> I have turned in my Parent Consent Form . | <input type="checkbox"/> I understand that if I violate a rule of conduct, actions will be taken. |
| <input type="checkbox"/> I have turned in my Health History Form . | <input type="checkbox"/> I will be an active member of Teen Club. |
| <input type="checkbox"/> I have included parent contact information. | |

COMPUTER WORKSTATION CONSENT

- | | |
|--|---|
| 1. In order to use the computer workstations, all users must log-in as students. | 6. Users must not: |
| 2. To use a Recreation and Parks computer workstation, the student must complete the Sign In/Sign Out log. | a. Remove privacy screens |
| 3. Department staff may limit the number of users utilizing the same computer workstation. | b. Remove desktop icons from the desktop |
| 4. Before users leave the computer workstations, return the screens to the Main Menu. | c. Save files on the hard drives |
| 5. The computer workstations should be used for educational purposes only. | d. Damage the computer hardware or software |
| | e. Use the computer workstations for illegal activity |
| | f. Create or distribute computer viruses |
| | g. Eat or drink at the computer workstation |
| | h. Disturb other users |

Violations of these guidelines may result in the suspension of computer workstation privileges.

Unlawful activities will be reported to the Park Rangers and LAPD and will be dealt with in an appropriate manner.

PHOTO / IMAGE RELEASE

The City of Los Angeles, Department of Recreation and Parks, its agents and assigned representatives, has permission to use the image (digital, film and/or audio) of my child, _____, a minor, for the promotion of department programs and/or events via any City of Los Angeles media platforms (audio, film, internet, print and/or social media).

I also give permission for my child's first name to be used: Yes No

Should this child's image be used on our department website, or any social media outlets, their name will not be included.

Applicant's Signature
X

Parent/Guardian Signature

Date

Date

TEEN QUESTIONS

Participant Name: _____ Age: _____
Nombre de Participante *Edad*

- Who is your counselor in School? _____
Quien es tu counselor en la escuela?
- Favorite Subject: _____ Least Favorite Subject: _____
Tema favorita en la escuela *Menos favorita tema*
- What sports do you like to play? _____ What hobbies do you have? _____
Que deportes te gusta jugar?? *Que pasatiempos tienes?*
- What is something you have never done before, but would like to do? _____
Que es algo que nunca haz hecho pero te gustaria hacer?
- Are you on formal probation? Yes No Name/Phone # of Probation Officer? _____
Estas en libertad condicional?
- What do you want to get out of Teen Club? _____
Que quieres sacar del Club de Teens?

T-Shirt Size: XS S M L XL XXL