

## CLASS REGISTRATION FORM

**PLEASE FILL OUT THIS FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT**

**PARTICIPANT LAST NAME:** \_\_\_\_\_ **PARTICIPANT FIRST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** Male / Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Primary Contact: Cell Home Work Cell Phone: \_\_\_\_\_

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

**Emergency Contact Name:** \_\_\_\_\_ **Relation to Participant:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Please fill in all classes the participant is taking**

NAME OF CLASS:	DAY:	TIME:	Receipt#

**INITIAL EACH POLICY BELOW:**

\_\_\_\_\_ **REFUND POLICY:** Refunds will be issued only until the Wednesday prior to the start of the class session unless the 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 patron.

\_\_\_\_\_ **PARENT CONSENT:** By registering, you understand that you are giving your authorization to participate in the Barrington Recreation Center programs and all activities therein. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you or your child(ren) resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you and your 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.

\_\_\_\_\_ **PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

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

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>Received by:</b> _____	<b>Receipt No.:</b> _____	<b>HHID#</b> _____
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