



City of Los Angeles Department of Recreation and Parks
PAN PACIFIC RECREATION CENTER



7600 Beverly Blvd. Los Angeles California 90036 Tel: (323) 939-8874

CLASS REGISTRATION FORM

Class Name: _____ Day: _____ Time: _____

Participant's Last Name: _____ First Name: _____

Birthdate: ____/____/____ Age: _____ Gender: _____ School: _____

Address: _____ City: _____ Zip: _____

Mother/Guardian's Name: _____ Cell #: _____

Work Phone: _____ Email: _____

Father/Guardian's Name: _____ Cell #: _____

Work Phone: _____ Email: _____

In case of an emergency, please list two individuals whom you would like notified in the event you cannot be reached.

Emergency Contact (Name): _____ Phone: _____

Emergency Contact (Name): _____ Phone: _____

Refund Policy: No refunds will be issued unless Pan Pacific Recreation Center cancels the class. Pan Pacific is a Cost Recovery Center and must pay for all expenses.

Parent Consent form

I, the undersigned, give permission for my child, whose name appears above, to participate in the class/clinic listed above. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer agents and employees from any liability in connection with any injury to my child in connection with this class/clinic. I understand that the recreation facility CARRIES NO INSURANCE. I, the undersigned parent of, _____ a minor, do hereby authorize WESTCHESTER REC. CENTER staff, as agents for the under-signed to consent to 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 of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care, which the aforementioned physician in the exercise of his best judgment may deem advisable. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent. I have read and understand the above content.

 Parent/Guardian signature

 Date