CITY OF LOS ANGELES | DEPARTMENT OF RECREATION AND PARKS | METRO REGION | EAST DISTRICT

PECAN RECREATION CENTER

REGISTRACION JUVENIL

145 SOUTH PECAN ST., LOS ANGELES, CA 90033 | PHONE: (213) 656-2154
EMAIL: PECAN.RECREATIONCENTER@LACITY.ORG | INSTAGRAM: @PECANPARKRC

FORMULARIOS PARA CLASES/ ACTIVIDADES

INFORMACION DE PARTICIPANTE

NOMBRE:	APELLIDO:	GÉNERO: ☐ VARON ☐ HEMBRA ☐ OTRO
FECHA DE NACIMIENTO:	EDAD:	ESCUELA:

DIRECCION APT CIUDAD ESTADO CODIGO POSTAL

NOMBRE DE PADRE/GUARDIAN:	TELEFONO	CELULAR

CORREO ELECTRONICO:

☐ CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST ☐ CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED

CONTACTO DE EMERGENCIAS

NOMBRE COMPLETO	RELACION	TELEFONO - -	TELEFONO ADDICIONAL - -
NOMBRE COMPLETO	RELACION	TELEFONO - -	TELEFONO ADDICIONAL - -

CLASES/ INFORMACION (USO DE OFICINA SOLAMENTE)

CLASS	SESSION	RECEIPT #	FEE	RECEIVED BY
1.				
2.				
3.				
4.				

A NEW REGISTRATION FORM IS REQUIRED YEARLY. PAYMENTS MAY BE MADE WITH CASH (EXACT CHANGE), DEBIT OR CREDIT (VISA/ MASTERCARD) AND BY CHECK OR MONEY ORDER. REFUNDS ARE SUBJECT TO A 15% ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED WITHIN A WEEK OF CLASS SESSION START DATE. THERE ARE NO CREDITS OR MAKE-UP DAYS FOR MISSED DAYS. NO CLASSES ON OBSERVED HOLIDAYS.

ACUERDO DE EXENCIÓN DE RESPONSABILIDAD Y ASUNCIÓN DE RIESGO

AUTORIZASION PARA PARTICIPAR

Yo entiendo que a pesar de todas la precausiones que se haigan tomado por los empleados y el parque para provenir un lugar seguro, el riesgo de lesiones, incluyendo la muerte, son parte de cualquier actividad. Yo entiendo la naturaleza de las actividades y estoy consiente de mi experiencia y abilidades y me siento calificado y en Buena salud fisica y emocional para participar en la actividad. Lo sierto de mi hijo/a que se esta inscribiendo. Yo estoy de acuerdo en liberar La Ciudad de Los Angeles, Departamento de Recreacion y Parques, sus officiantes y agentes de cualquier lesion que haiga sostenido en la actividad o programa. Yo entiendo que la the City of Los Angeles Department of Recreation & Parks **NO CARGA O PROVIENE ASEGURANZA.**

CONSENTIMIENTO A TRATAMIENTO

YO, _____, autorizo a la City of Los Angeles Department of Recreation &Parks que actue como un agente para el /la abajo firmante para que de el consentimiento a examines de Rayos X, anestesico, diagnosticos medicos o quirurgico o tratamiento y cuado de hospital cual es considerado y aconsejado por, y cual tratamiento se dara bajo la supervicion general de un medico autorizado de acuerdo a las estupilaciones del Medical Practice Act o el personal de un Hospital autorizado, ya sea que el diagnostico o tratamiento se lleve acabo en la oficina del medico o el hospital.

CONSENTIMIENTO DE FOTOS/VIDEOS

A participar en el programa, Yo doy permiso que la CIUDAD DE LOS ANGELES DEPARTAMENTO DE RECREACION Y PARQUES a usar fotografias, videos y testimonies de los participantes para usar en materiales publicos y marketing.

PRINT NAME	SIGNATURE	DATE

CITY OF LOS ANGELES | DEPARTMENT OF RECREATION AND PARKS | METRO REGION | EAST DISTRICT

PECAN RECREATION CENTER YOUTH REGISTRATION FORM

145 SOUTH PECAN ST., LOS ANGELES, CA 90033 | PHONE: (213) 656-2154
EMAIL: PECAN.RECREATIONCENTER@LACITY.ORG | INSTAGRAM: @PECANPARKRC

CLASS/ ACTIVITY REGISTRATION FORM

PARTICIPANT INFORMATION

FIRST Name:	LAST Name:	Gender: ☐ Male ☐ Female ☐ Other
Date of Birth:	Age:	School:

Home Address Unit City State Zip Code

Name of Parent or Guardian:	Home Phone: - -	Cell Phone: - -

Email Address:

☐ CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST ☐ CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED

EMERGENCY INFORMATION

Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -

CLASS INFORMATION

CLASS	SESSION	RECEIPT #	FEE	RECEIVED BY
1.				
2.				
3.				
4.				

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RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

AUTHORIZATION TO PARTICIPATE

I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure my safety. I understand the nature these activities and I am aware of my experience and capabilities and believe to be qualified, 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 officersand agents and employees from any injury to myself in connection with these programs. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

CONSENT TO TREATMENT

I, _____, do hereby authorize the City of Los Angeles Department of Recreation &Parks to act as agents for the undersigned to consent for 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 of 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 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 I am participating in, unless revoked sooner in writing and delivered to said agent.

VIDEO/PHOTO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

PRINT NAME	SIGNATURE	DATE