



# Class Registration Form

Adult's Last Name \_\_\_\_\_ Adult's First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell( ) \_\_\_\_\_ Cell Service Provider \_\_\_\_\_ Home( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Please Add Me To Queen Anne Recreation Center Official E-Mail List  Yes  No

Emergency Contact Name \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

## Individual Consent Form

I, the undersigned, give permission for \_\_\_\_\_, to participate in the Queen Anne Recreation Center programs. I understand the nature of the activities and I / minor's experience and capabilities and believe myself / minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of L. A. Dept. of Rec & Parks, its officers, agents and employees from any liability in connection with any injury to myself or my child in connection with this activity. I understand the Recreation Facility CARRIES NO INSURANCE. I do authorize Queen Anne Recreation Center as an agent for myself / child listed above to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is 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 the 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 also understand that my signature is consent for every session that I check off and sign up for.

### PHOTO CONSENT

The City of Los Angeles Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape, or video) of myself/or my child \_\_\_\_\_ for print and social media promotion of Queen Anne Recreation Center & City of Los Angeles Department of Recreation and Parks. (please initial) \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Class	Fee	Participant's Name	DOB	Gender

Please Make Checks Payable to L.A. City



## Refund Policy For Classes

- All refunds are subject to a 15% administration fee per class per participant.
- All transfers are subject to a \$20.00 administration fee per class per participant.
- A refund request form must be filled out in person at the main office.
- Refunds will not be approved after the first week of class.
- There will be no prorating of classes.
- Credits, refunds or make-ups will not be given for classes missed by students.

I have read the consent form and understand the refund policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_



ParkProudLA

# PAYMENT RECORD

	Date Paid	Amount	Receipt #	Payment Type	Staff Initial
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Notes: \_\_\_\_\_

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