



City of Los Angeles Department of Recreation and Parks

REGISTRATION FORM - AFTERSCHOOL CLUB 2022-2023

Forma de registraci3n - Club de Despu3s de Escuela 2022-2023



RECREATION CENTER: ROBERTSON RECREATION CENTER (Centro de Recreaci3n)

PARTICIPANT INFORMATION Informaci3n de Participante

First Name: Last Name: Male Female Other
Nombre del Participante Apellido Masculino Femenino Otro
Date of Birth: Age: Grade in Fall: School:
Fecha de Nacimiento Edad Grado en el Otoño Escuela

GENERAL INFORMATION Informaci3n General

Parent/Guardian Name: Cell #: Legal Custody: Yes No
Nombre de Tutor/Guardi3n Tel3fono Celular Custodia Legal S3 No
Home Address: City: State: Zip:
Domicilio Ciudad Estado Zona Postal
Home Phone: Work Phone: Email:
Tel3fono de Casa Tel3fono de Trabajo Correo Electr3nico

EMERGENCY INFORMATION Informaci3n de Emergencia

Emergency Contact Name: Relation:
Nombre de Contacto de Emergencia Relaci3n
Phone: Cell Phone:
Tel3fono Tel3fono Celular
Name of Out-of-State Contact: Relation:
Nombre de Persona Fuera del Estado Relaci3n
Phone: Cell Phone:
Tel3fono Tel3fono Celular

PICK UP AUTHORIZATION Autorizaci3n

The following individuals have my unrestricted permission to pick up and sign out the above child without any further confirmation from me. Photo identification will be required upon picking up the participant.

Las siguientes personas tienen mi permiso sin restricciones para recoger y firmar la salida del niño/niña sin ninguna confirmaci3n ulterior de mí. Una identificaci3n con foto será requerida al recoger al participante.

Name: Relation: Phone:
Nombre Relaci3n Tel3fono
Name: Relation: Phone:
Nombre Relaci3n Tel3fono
Name: Relation: Phone:
Nombre Relaci3n Tel3fono
Name: Relation: Phone:
Nombre Relaci3n Tel3fono

Name of Person(s) Specifically NOT Authorized:
Nombre de la Persona Espec3ficamente No Autorizada

Participant Name *Nombre del Participante* _____

MEDICAL INFORMATION *Información Médica*

Insurance Provider: _____ Policy #: _____
Proveedor de Aseguranza Póliza #

Physician Name: _____ Phone: _____
Nombre de Médico Teléfono

Dentist Name: _____ Phone: _____
Nombre de Dentista Teléfono

List any Allergies: _____ Name all Medications: _____
Anote cualquier alergia Nombrar todos los medicamentos

Conditions or behaviors that we should be aware of in case of major emergency: _____
Condiciones o comportamientos que debemos tener en cuenta en caso de emergencia

HEALTH HISTORY *Historial Médico*

HAS YOUR CHILD HAD ANY OF THE FOLLOWING: (PLEASE WRITE YES OR NO)

El participante ha tenido alguno de los siguientes: (POR FAVOR ESCRIBA SI O NO)

Appendicitis (Apendicitis)	Constipation (Estreñimiento)	German Measles (Sarampión Alemán)	Measles (Sarampión)	Rheumatic Fever (Fiebre Reumática)	Stomach Upset (Malestar Estomacal)
Asthma (Asma)	Diphtheria (Difteria)	Hay Fever (Fiebre de Heno)	Mumps (Paperas)	Scarlet Fever (Fiebre Escarlata)	Tetanus (Tétanos)
Chicken Pox (Varicela)	Ear Infection (Infección del Oído)	Headaches (Dolor de Cabeza)	Nose Bleeds (Sangrado por la Nariz)	Sinus Trouble (Dificultad con Sinusitis)	Tonsillitis (Amigdalitis)
Colds(frequent) (Resfriados)	Fainting (Desmayo)	Heart Trouble (Problemas de Corazón)	Polio (Polio)	Skin Rash (Ronchas en la Piel)	Whooping Cough (Tos Ferina)
Other (Otro): _____					

Year of last immunization or booster *Fecha de la última inmunización:* _____

Has your child received any medical treatment in the past year? _____ Date: _____
El participante ha recibido tratamiento médico en el último año Fecha

For Office Use Only

Other Purchases / T-Shirt(s) Received

EXTRA T-SHIRT/ LATE PICK-UP	\$ AMOUNT	RECEIPT	DATE	INITIALS
<input type="checkbox"/> Received One Free T-Shirt (Size: _____)				
<input type="checkbox"/> Extra T-Shirt / <input type="checkbox"/> Late Pickup / <input type="checkbox"/> Other:				
<input type="checkbox"/> Extra T-Shirt / <input type="checkbox"/> Late Pickup / <input type="checkbox"/> Other:				
<input type="checkbox"/> Extra T-Shirt / <input type="checkbox"/> Late Pickup / <input type="checkbox"/> Other:				
<input type="checkbox"/> Extra T-Shirt / <input type="checkbox"/> Late Pickup / <input type="checkbox"/> Other:				
<input type="checkbox"/> Extra T-Shirt / <input type="checkbox"/> Late Pickup / <input type="checkbox"/> Other:				

Participant Name (*Nombre del Participante*) _____

COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

(Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su menor acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP e instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o a su menor acompañado participar en los programas de RAP durante este período de emergencia.)

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte.

En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19, tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otros representantes, y sus sucesores y asignados (colectivamente, los "**Representantes de la Ciudad**"), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades, derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevisto (colectivamente, "**Daños**") como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye, en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además, promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contracción de COVID-19 de usted y / o su menor acompañado.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)

My child, a minor, has my permission to participate in all the activities. 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 the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child 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 officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

(Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividades deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad de Los Ángeles, el Departamento de Recreación y Parques, sus oficiales y agentes y empleados de cualquier lesión a mi hijo en relación con este programa. Además, entiendo que el Departamento de Recreación y Parques de la Ciudad de Los Angeles NO OFRECE SEGURO.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

CONSENT TO TREATMENT OF A MINOR (AUTORIZACION DE TRATAMIENTO DE UN MENOR)

I, as the parent and /or legal guardian of the minor participating in this program, 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 the minor is participating in, unless revoked sooner in writing and delivered to said agent.

(Yo, como el padre/guardián del menor participando en este programa, autorizo a la Ciudad de Los Ángeles Departamento de Recreación y Parques que se comporten como agentes en dar autorización en examen de rayos X, anestesia, diagnóstico médico o cirugía, tratamiento y hospitalización que es aprobado y vigilado por un Médico licenciado profesional que convive con las provisiones del Medicine Practica Acto en los empleados del hospital licenciado, cuando alguna acción sea requerida en la oficina del Médico o Hospital. Es entendido que esta autorización es dada anteriormente en precaver alguna situación que se requiera alguna acción y el Medico decide que acción sea admisible. Esta autorización será efectiva hasta la conclusión del programa de cual el menor estará participando en y será efectiva hasta que sea sometido en una carta escrita y entregada a el agente en cual el menor estará por el periodo del programa.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

Participant Name (Nombre del Participante) _____

GENERAL POLICIES (POLIZAS Y REGLAS GENERALES)

1. **Participants must be age appropriate by the first day they attend and may be required to show proof of age.**
(Los participantes deben ser de edad apropiada en el primer día que asistan y pueden ser obligados a presentar prueba de edad.)
2. **Program participants must be picked up by 5:30 pm or be charged for the extra time.**
(Los participantes del programa deben ser recogidos a las 5:30 p.m. o se le cobrar por el tiempo extra.)
3. **Registration is on a first come first serve basis as there are limited spaces available.**
(El registro es en un primer llegado primer servido base, ya que solo hay un límite de espacios disponibles.)
4. **No Refunds unless the program is cancelled. There are no credits or make-up days for missed days.**
(No hay reembolsos a menos que el programa sea cancelado. No hay créditos ni días de maquillaje para los días perdidos.)
5. **Program participants that have one (1) unauthorized absence are subject to being dropped from the program and a new participant from the waiting list will take their place on the program roster.**
(Los participantes del programa que tienen uno (1) ausencia no autorizadas están sujetos a ser retirados del programa y un Nuevo participante de la lista de espera ocupará su lugar en la lista del programa.)
6. **DRESS CODE/FACE COVERINGS: Closed-toed shoes with rubber soles must be worn daily. Face coverings must be worn by all participants.**
(INDUMENTARIA/CUBIERTAS FACIALES: Zapatos de pie cerrado con suelas de goma deben usarse diariamente. Todos los participantes deben usar cubiertas faciales.)
7. **PHOTO RELEASE: By registering, you authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.**
(DIVULGACIÓN DE FOTOS: Al registrarse, usted autoriza a la Ciudad a hacer, adquirir a utilizar fotografías, películas, cintas u otras semejanzas de la imagen física y/o voz del Menor según sea necesario para su uso con los materiales de publicidad de Programa.)
8. **The facility is NOT responsible for lost or stolen articles. No Electronics or valuables may be brought to program.**
(La instalación NO son responsables por artículos perdidos, robados o quebrados. No se pueden traer artículos electrónicos ni objetos de valor al programa.)

I acknowledge that I have read and understand all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules.

Yo reconozco que he leído y entendido todas las pólizas como se indica en esta solicitud. Por la participación de mi hijo/a, estoy de acuerdo de seguir y cumplir estas reglas.

Print Name of Parent/Guardian (Nombre de Tutor/ Guardián): _____

Signature of Parent/Guardian (Firma de Tutor/Guardián): _____ **Date (Fecha):** _____

WAIVER RELEASE

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD.

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Normandale Recreation Center's After School Club ("Program"), I, (print name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows:

- I am aware that there are certain risks of injury and/or damage inherent in the Program activities.
- I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by staff.
- I agree to complete the health history form providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that El Sereno Recreation Center may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program.
- I confirm to the best of my knowledge and belief, Minor is not subject to a physical or mental infirmity nor under the influence of any medication or other substance which might hinder his/her safe participation in the program.
- I will instruct Minor to abide by all safety regulations and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.
- I give my consent to have Minor participate in all aspects of the Program and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- I give my consent to have the Minor transported by car, van, chartered bus, chartered school bus and /or public transportation, or walking as part of the Program.
- I understand that the City has no obligation to obtain medical treatment for Minor. Should it be necessary for Minor to have emergency medical care while participating in the Program, I hereby give the City personnel my permission to use their judgment in obtaining medical care, and I give permission to the medical care provider selected by the City personnel to render medical care deemed necessary and appropriate.
- I also authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
- Except for the gross negligence or willful misconduct of the City, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other personal injury, damage, loss or expense, claims, demands, causes of action, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in the Program or any related activities.
- I have carefully read this agreement. I understand what it means and my signature below is my own free act. I intend it to be legally binding on Minor and myself. I also acknowledge that I have received the After School Parent letter and agree to the terms and policies described therein.
- **Important:** Parent or Guardian's signature required:

Parent/Guardian's Signature

X _____ Date: _____

Parent's Name

(Please print) _____ Tel: (____) _____

Student's Name _____

Immunization Record Requirement Waiver. I hereby request exemption of the child, named above, from the immunization requirements for attendance of the pre-school because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

Parent's Signature X _____ Date: _____

PAYMENT LEDGER FOR:

-FOR OFFICE USE ONLY-

FOR OFFICE USE ONLY Solo Para Uso Interno:

FOR WEEK	\$ AMOUNT	RECEIPT #	DATE	STAFF INITIALS