

CLASS PARKS

TEEN CLUB

APPLICATION

Recreation Center: _____ Ross Snyder Recreation Center _____ Today's Date: _____

Participant Name: _____ Home Phone #: (____) _____

Date of Birth: Month _____ Day _____ Year _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Gender Neutral

When is the best time to reach you by phone?: _____

T-Shirt Size: XS S M L XL XXL Are you on formal probation? Yes No

Name / phone of your probation officer (if applicable): _____

School Attending: _____ Grade Level: _____

Favorite subject in school: _____ Least favorite: _____

Who is your Counselor in school: _____

What sports do you like to play?: _____

What do you want to get out of Teen Club?: _____

What is something you have never done before, but would like to do?: _____

Parent / Guardian Information:

Parent's Name: _____ Cell Phone #: (____) _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Ext.: _____

Email Address: _____

Parent's Name: _____ Cell Phone #: (____) _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Ext.: _____

Email Address: _____

- Do you, as Parent / Guardian, authorize any other person to sign your child in or out of a teen activity?

Yes: Name: _____ No, I do not authorize anyone else:

Name: _____

Name: _____

- Do you authorize your child to sign him / herself out after a teen event? Yes: No:

Parent/Guardian Signature

Date

Applicant Signature

Date

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TEEN CLUB RULES

To complete form, all boxes must be checked and signed below:

I, (applicant's full name) _____

- I have completed my **Teen Club Application**
- I have turned in my **Parent Consent Form**
- I have turned in my **Health History Form**
- I have included parent contact information
- I have fully read and understand the teen club rules
- I understand that if I violate a rule of conduct, actions will be taken
- I will be an active member of teen club

Computer Workstation Consent

1. In order to use the computer workstations, all users must log-in as students.
2. To use a Department of Recreation and Parks computer workstation, the student must complete the Sign In / Sign Out log.
3. To use a Department of Recreation and Parks Educational Software Title, the student must fill out a CD-Rom Check-In/Check-Out Form.
4. Department staff may limit the number of users utilizing the same computer workstation.
5. Before users leave the computer workstations, they are requested to return the screens to the Main Menu, and Instructors are requested to turn off all machines.
6. Users should share the system and careful not to monopolize it.
7. The computer workstations should be used for educational purposes only.
8. Users must not:
 - a. Remove privacy screens
 - b. Remove desktop icons from the desktop
 - c. Save files on the hard drives
 - d. Shut off the computers
 - e. Damage the computer hardware or software
 - f. Use the computer workstations for illegal activity
 - g. Eat or drink at the computer workstation
 - h. Leave the computer terminal messy
 - i. Disturb other users
 - j. Create or distribute computer viruses
 - k. Perform "hacking" of any kind

Violations of these guidelines may result in the suspension of computer workstation privileges. Unlawful activities will be reported to the Park Rangers or the Los Angeles Police Department and will be dealt with in an appropriate manner.

Applicant Signature

Date

Parent/Guardian Signature

Date

Director's Signature

Date



City of Los Angeles Department of Recreation and Parks
WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **Ross Snyder Recreation Teen Club Programs (Teen Club, Friday Night Extreme Teens, Camps, Special Events, Field Trips)** granting the above-named child _____ the opportunity to participate in all programs.

I, (print name) _____ the undersigned, as the parent/guardian of (print name) _____ ("the Minor"), I do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;

Ross Snyder Recreation Center (RSRC) is granted permission to care for my Minor while at the facility; this cover all activities including those away from the park site, which involves any type of transportation (bus, Metro train, van, walking). Each minor is expected to partake in all activities in which they are physically able.

I understand the staff at RSRC is not responsible for any lost, stolen or damaged items.

I further understand and agree that electronic equipment such as: IPODS, MP3 players, all portable game systems are the sole responsibility of the Minor and should be left at home; however, they cannot be used without the permission of the MLK staff/representative.

All communication needed with the Minor must be made through the park office via phone or in writing.

I understand that if my Minor misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the staff or allow ages 11-17 to sign out and leave on their own.

I understand that MLK RC and the City of Los Angeles Department of Recreation and Parks carries no insurance.

I agree to complete the Health History form providing the Minor's current, complete and truthful health history; including immunization history and overall health status;

I understand that under certain medical conditions the staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

I confirm to the best of my knowledge and belief the Minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;

I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

I give my consent to have the Minor to participate in all aspects of the Program;

I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program;

I give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;

I understand that the Camp has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor they have emergency medical care while participating in the Program; **I hereby give the personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the MLK personnel to render medical care deemed necessary and appropriate;

Except for the gross negligence or willful misconduct of the Camp, I (print name) _____
_____ **waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles Department of Recreation and Parks, **[RSRC]** its officers, agents, employees and/or personnel, and

I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, [RSRC] its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;

I agree to keep the RSRC staff advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;

I also authorize the program at RSRC, City of Los Angeles Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;

I have read this agreement and I understand what it means to my legal rights and the Minors participation and by my signature made of my own free will and act;

I agree to abide by the rules and policies set forth in this registration and waiver release forms;

I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;

I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor(s).

Important: Parent or Guardians Original Signature Required.

Childs Name (please print) _____ **Date** _____

Parent/Guardian Name (please print) _____ **Date** _____

Signature _____ **Date** _____



City of Los Angeles Department of Recreation and Parks

HEALTH HISTORY FORM

Note: Should anything happen to the participant that would alter his/her health history information after this form is returned, and before arrival at camp, please let the Ross Snyder Recreation Center know immediately.

Participant Name: _____

MALE or FEMALE Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Legal Guardian (name): _____ Phone #: _____

Doctor (name): _____ Phone #: _____

Has the participant had the following (please check):

- | | | |
|--|---|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Headaches | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Bed Wetting | |

Restrictions:

- I have reviewed the program and activities of the facility and feel he/she can participate without restrictions.
- I have reviewed the program and activities of the camp and feel he/she can participate with the following restrictions or adaptations:

Allergies / Other (please specify):

- Bee stings, mosquitoes, etc.: _____
- Food (name): _____
- Medication(s): _____

- Asthma (or hay fever): _____
- Other: _____

Has the Minor received medical treatment during the past year? YES or NO

Date: _____ Reason: _____

Is the participant taking any medications now? YES or NO

Parent/Guardian Signature: _____ Date: _____

Are all Immunizations up to date? __ yes __ no