



City of Los Angeles - Department of Recreation and Parks  
 RUSTIC CANYON RECREATION CENTER  
 601 Latimer Road Santa Monica, CA 90402  
 office: (310) 454-5734 fax: (310) 575-8015 e-mail: rusticcanyon.rc@lacity.org



# Rustic Canyon RC Class Registration Form


Adult's Last Name \_\_\_\_\_ Adult's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Work( ) \_\_\_\_\_  
 E-mail \_\_\_\_\_

**Please Add Me To The Rustic Canyon Recreation Center Official E-Mail List    Yes    No**

Emergency Contact Name \_\_\_\_\_  
 Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

| Class # | Name of Class | Fee | Participant's Name | DOB | Sex |
|---------|---------------|-----|--------------------|-----|-----|
|         |               |     |                    |     |     |
|         |               |     |                    |     |     |
|         |               |     |                    |     |     |
|         |               |     |                    |     |     |
|         |               |     |                    |     |     |

**CLASS SESSION:**      Summer 2019 \_\_\_ Fall 2019 \_\_\_ Winter 2020 \_\_\_ Spring 2020 \_\_\_

Make a check or money order payable to: "L.A. City Recreation and Parks."      Credit Cards            

**\*\*\*PLEASE REMEMBER TO SIGN CONSENT FORM ON THE BACK.\*\*\***

Office Use Only

SUMMER Receipt #: \_\_\_\_\_ Payment type: \_\_\_\_\_ Processed by: \_\_\_\_\_  
 FALL Receipt #: \_\_\_\_\_ Payment type: \_\_\_\_\_ Processed by: \_\_\_\_\_  
 WINTER Receipt #: \_\_\_\_\_ Payment type: \_\_\_\_\_ Processed by: \_\_\_\_\_  
 SPRING Receipt #: \_\_\_\_\_ Payment type: \_\_\_\_\_ Processed by: \_\_\_\_\_

## CONSENT FORM

\_\_\_\_\_ I, (Parent's Name), \_\_\_\_\_, give permission for my child/myself, to participate in this Rustic Canyon Recreation Center class/activity. I understand the nature of f the class/activity and the experience and capabilities required. I agree to relieve the City of Los Angeles, Department of Recreation and Parks, tis officer agents, and employees from any liability in connection with any injury with connection to this class/activity. I understand the Recreation Facility carries no insurance.

\_\_\_\_\_ I, the undersigned, and/or parent of \_\_\_\_\_, a minor, do hereby authorize Rustic Canyon Recreation Center as agents to consent to x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and it to be rendered under the general or specialized supervision of a physician licensed under the Medical Practice Act on the staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which deemed aforementioned physician may deem advisable.

\_\_\_\_\_ No refund will be issued to patrons making false statements on registration forms. Proof of statements may be requested.

\_\_\_\_\_ I understand there will be a 15% refund fee for refunds, transfers, and changes.  
**No refunds will be issued once the classes/program begin.**

\_\_\_\_\_ Photographs: by enrolling your child(ren) in park activities/programs, you agree to allow the City of Los Angeles Department of Recreation and Parks and the Rustic Canyon Recreation Center to use photographs, video, and testimonials of participants for use in publicity material free of any fee or usage charge unless otherwise notified.