Seoul International Park
(Ardmore Recreation Center)
3250 San Marino Street. Los Angeles, CA 90006
(213) 383-7549
Ardmore.RecreationCenter@lacity.org

Registration Form

Participant's First and Last Name	M / F	Birth date	Class Name	Fee
			TOTAL FEES	

Parental Permission Consent and Agreement

LIABILITY WAIVER

By registering for this program I understand the City of Los Angeles, Department of Recreation and Parks carries no insurance for the participant. I further agree to relieve Seoul International Park and the City of Los Angeles, Department of Recreation and Parks, and its officers, agents and employees of any liability in connection with this agreement, and for any accident or injury that may occur during my child's participation in any recreation program at or from this facility.

INITIALS: _____

TRIP WAIVER

This facility has my approval for all activities including those away from the park site, which involve any type of transportation (bus, van, walking, and/or public transportation, i.e. Metrolink, etc.). I understand that ach participant is expected to partake in all activities in which they are physically able. I understand that any participant who does not cooperate with park staff will be expelled from the program, without a refund. I authorize the use of my or my child's image or likeness for distribution in park related promotional materials.

INITIALS: _____

REFUND POLICY

Reminder all payments are due in full at the time of registration. All programs are first come, first served. Spaces will not be held without full payment. Once payments are receipted they cannot be returned. No full refunds will be given unless program is cancelled by the facility. Should a refund be granted, there will be a non-refundable 15% administration fee assessed in addition to the cost of supplies such as uniform. For all programs, payment is due prior to the start of the program. Attendance in programs does not hold your child's space for future programs. Programs are subject to change or cancellation.

INITIALS: _____

_____ _____
Participant Signature **Date**
(If under 18, parent / guardian)

HOUSEHOLD / PRIMARY ADULT CONTACT

_____
First Name Last Name

Relationship to Participant
___ Self ___Mother ___Father ___Guardian ___Other

_____
Address

_____
City / State Zip

_____
Home Phone Work Phone

_____
E-Mail Address

EMERGENCY CONTACT

_____
First Name

_____
Home Phone Work Phone

"We build Healthy Communities through People, Parks and Programs."

FOR OFFICE USE ONLY

Payment Amount:: _____ Date:_____ Received by: _____ RW #: ____ _____