	City of Los Angeles Department of Recreation and Parks SHPULVEDA RECREATION CENTER 8825 Kester Ave. Panorama City, CA 91402 ~ Phone: (818) 893 - 3700								
CLASS REGISTRATION FORM									
Class/A	ctivity:		_ Sea	ason:	Year:				
CHILD / PARTICIPANT INFORMATION									
First Name:		Last Name:			Male 🗆 Female 🗆				
Age: Grade: Are you a returning participant? □		Yes □No	\Box No Do you participate at another park? \Box Yes \Box No						
Any other information we should know about this participant (special needs, asthma, allergies, medications, seizures, diabetes, etc.)?									
PARENT / GUARDIAN INFORMATION									
First Name:		Last Name:			_				
Street Address:		Unit #:	City	:	Zip:				
Cell Phone #:		Home Phone #:			_				
Email:									
	EMERGEN	NCY CONTACT INFORMATION ***Info	rmation mu	st be DIFFERENT	than above				
First Nam	e:	Last Name:		Phone:					
	Relations	hip: □Father □Mother □Sibling	Aunt/Uncl	e Grandparent	□ Other				
		CONSENT TO PAR							
CONSENT: By registering, I understand that I am giving my authorization to participate in the Sepulveda programs and all activities therein. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents, and employees from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I understand that the Recreation Center carries no insurance. I hereby authorize the City of Los Angeles to act as agent for me and my child(ren): to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent.									
REFUND POLICY : Sepulveda Recreation Center does not issue any refunds unless a class or program is canceled by the Recreation Center. A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the patron. Sepulveda Recreation Center reserves the right to combine divisions/leagues/classes with other parks.									
PHOTO RELEASE: By participating in these programs, I agree to allow the City of Los Angeles Department of Recreation and Parks Sepulveda Recreation Center to use photographs, video clips, and testimonials of participants for use in publicity materials free of any fee or usage charge. I have read, understand, and agree to abide by the above mentioned policies and practices									
Parent / Guar	dian Signature			Date					
DATE:	RR#	OFFICE USE ON FORM OF PAYMENT	AMOUNT P	AID RECEIVED BY	Staff AGE VERIFIED				

City of Los Angeles Department of Recreation and Parks

TE:	RR#	FORM OF PAYMENT	AMOUNT PAID	RECEIVED BY Staff	AGE VERIFIED
		□Cash □Check □Credit Card □Credit			Birth Certificate