

**SEPULVEDA RECREATION CENTER**

8825 Kester Ave. Panorama City, CA 91402 ~ Phone: (818) 893 - 3700

**CLASS REGISTRATION FORM****Class/Activity:** _____ **Season:** _____ **Year:** _____**CHILD / PARTICIPANT INFORMATION****First Name:** _____ **Last Name:** _____ **Birth Date:** _____ **Male** **Female** **Age:** _____ **Grade:** _____ **Are you a returning participant?** **Yes** **No** **Do you participate at another park?** **Yes** **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:** _____**EMERGENCY CONTACT INFORMATION ***Information must be DIFFERENT than above****First Name:** _____ **Last Name:** _____ **Phone:** _____**Relationship:** **Father** **Mother** **Sibling** **Aunt/Uncle** **Grandparent** **Other****CONSENT TO PARTICIPATE**

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.

COVID CONSENT FORM :

Pursuant to City of Los Angeles Ordinance No. 187219, beginning Monday, November 29, 2021, PROOF OF COVID-19 VACCINATION will be required for individuals eligible for COVID vaccination to enter all indoor LA Parks facilities.

All individuals that are eligible for COVID vaccination participating in indoor programming must show PROOF OF COVID-19 VACCINATION.

For those unable to provide PROOF OF COVID-19 VACCINATION, alternative programming is available.

Information can be found here <https://bit.ly/rapalt>

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 / Guardian Signature _____**Date** _____**OFFICE USE ONLY**

DATE:	RR#	FORM OF PAYMENT	AMOUNT PAID	RECEIVED BY Staff	AGE VERIFIED
		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other