



22633 Vanowen St., West Hills, CA 91307 • (818) 883-3637

H.H. # _____

Class Registration Form

Please print clearly.

Participant: Last Name: _____ First Name: _____

Participant's Date of Birth: _____ Age: _____ Sex: (circle) Male Female

Address: _____ City: _____ Zip: _____

Parent/Guardian: Last Name _____ First Name: _____

Primary Phone #: _____ Occupation: _____ Email: _____

Emergency Contact (Other than parent): _____ Relation to Participant: _____

Emerg. Contact's Phone #: _____ Allergies/Food Restrictions for Participant: _____

Name of Class	Session	Day	Time	Fee	RW# (Office use only)

Monthly Class Name	Month	Time	Fee	RW# (office use only)

Consent Form

(Please Initial All)

_____, I, (Parent/Guardian's Name), _____, give permission for my child/myself, to participate in this Shadow Ranch Recreation Center class/activity. I understand the nature of the class/activity and the experience and capabilities required.

_____, I agree to relieve the City of Los Angeles, Department of Recreation and Parks, its 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 understand there will be a 15% refund fee for refunds, transfers, changes. No refunds will be issued once the classes/program begin.

Parent/ Guardian's Signature: _____ Date: _____