

# Shatto Recreation Center AFTER SCHOOL CLUB

## REGISTRATION APPLICATION (Please Print)

<b>SCHOOL:</b> _____	<b>CLASSROOM NUMBER:</b> _____
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Child's Name: \_\_\_\_\_ ☐ Male ☐ Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Legal Custody: ☐ YES ☐ NO

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

### In Case of Emergency:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### AUTHORIZED SIGNATURE

We do not release child/ren to friends, neighbors, or relatives without written confirmation from the parent/legal guardian. Please list both parents/legal guardians and all individuals authorized to pick up your child. Any individual, who did not drop off your child, will be required to show photo identification to pick-up your child.

In case I cannot be present, one of the following people have my permission to sign in or sign out my child at the scheduled time:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of any person (s) specifically **NOT** to sign out your child/ren: \_\_\_\_\_

### HEALTH HISTORY FORM

Should anything happen that would alter the child's health history after this form is returned, please let us know immediately.

Preferred Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the child had the following (please check):

- |  |  |                                       |  |  |
|--|--|---------------------------------------|--|--|
| <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Bed Wetting   | <input type="checkbox"/> Ear Infection |
| <input type="checkbox"/> Measles       | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Fainting      | <input type="checkbox"/> Nosebleeds    |
| <input type="checkbox"/> Ger Measles   | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Hay Fever    | <input type="checkbox"/> Constipation  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Rheu Fever    | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Freq. Colds  | <input type="checkbox"/> Upset Stomach |  |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Tonsillitis   | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Skin Rash     |  |

### Give the month and year of last immunization or booster:

Tetanus: \_\_\_\_\_ Mumps: \_\_\_\_\_ Diphtheria (DPT): \_\_\_\_\_ Measles: \_\_\_\_\_ Polio: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_ German measles: \_\_\_\_\_ TB Test: \_\_\_\_\_ ☐ POS or ☐ NEG

### Restrictions:

- ☐ I have reviewed the program and activities and feel my child can participate without restrictions.
- ☐ I have reviewed the program and activities and feel my child can participate with the following restrictions or adaptations: \_\_\_\_\_

### Allergies / Other (please specify):

- ☐ Bee stings, mosquitoes, etc.: \_\_\_\_\_ ☐ Food (name): \_\_\_\_\_
- ☐ Medication(s): \_\_\_\_\_ ☐ Asthma (or hay fever): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Has the child received medical treatment during the past year? ☐ YES or ☐ NO

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Is the child taking any medications now? ☐ YES or ☐ NO

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shatto Recreation Center**  
**AFTER SCHOOL PROGRAM AND PROCEDURES**  
**2025-2026**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **SHATTO RC** granting the above-named child ("Minor") the opportunity to participate in the **AFTER SCHOOL CLUB**. I, \_\_\_\_\_ the undersigned, as the parent/guardian of \_\_\_\_\_ ("the Minor"), I do hereby agree as follows:

**I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;**  
**I understand that if my child misbehaves and/or is sick and needs to be sent home;** I agree to pick them up at the time requested by the program staff.  
**I understand that the Shatto RC carries no insurance.**  
**I agree to complete the City of Los Angeles Department of Recreation Health History** form providing Minor's current, complete and truthful health history; including immunization history and overall health status;  
**I understand that under certain medical conditions Shatto's staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;**  
**I confirm to the best of my knowledge and belief the Minor** is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;  
**I will instruct the Minor to abide by all safety** rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;  
**I give my consent** to have the Minor participate in all aspects of the Program;  
**I knowingly assume full responsibility** for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the park;  
**I give my consent** to have the Minor transported by car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;  
**I understand that the ASC has no obligation to obtain medical treatment** for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the park personnel my permission** to use their judgment in obtaining medical care, and; **I give permission to the medical care provider** selected by the park personnel to render medical care deemed necessary and appropriate;  
**Except for the gross negligence or willful misconduct of the program, I (print name)** \_\_\_\_\_  
**waive** all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, **Shatto RC** its officers, agents, employees and/or personnel, and  
**I release, acquit and forever discharge** the City of Los Angeles, Department of Recreation and Parks, **Shatto RC** its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;  
**I agree to keep the staff of Shatto R.C. advised if I will be out of contact for any period of time during the Program** and to provide additional and/or alternate contact information prior to my leaving;  
**I also authorize Shatto R.C., City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;**  
**I have read this agreement and I understand what it means to my legal rights** and the Minors participation and by my signature made of my own free will and act;  
**I agree to abide by the rules and policies set forth in this registration and waiver release forms;**  
**I have read and understand the payment, refund and conditions of enrollment policies** as found in this registration form;  
**I agree to be legally bound** by signing this registration and waiver release forms and extend this binding to the Minor(s).

**Important: Parent or Guardians Original Signature Required.**

**Childs Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (please print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Shatto Recreation Center**  
**AFTER SCHOOL PROGRAM AND PROCEDURES**  
**2025-2026**

Dear Parents:

We are looking forward to a safe and fun After School Program for your child. To ensure the safety and well-being of your child. We ask you that you go over the following policies and procedures and general information with your child(ren).

**PROGRAM COST AND PAYMENT POLICIES:** Monthly tuition is \$90.00 per month, due by the 5<sup>th</sup> of each month. A one time annual non-refundable \$40.00 registration fee is also due at registration.

**EARLY PICK UP:** Early dismissals and parent conference days are included in the monthly fee, which is why we are not making adjustments for short months.

**LATE FEES:** I understand and agree to pay an additional \$10.00 late fee if the monthly fee is paid after the 5<sup>th</sup> of the month.

**Late Pick Ups:** I understand and agree to pay the \$10.00 for the first 15 minutes I am late for pick-up. After 6:15pm the fee will increase to \$1 per minute. Parents will be notified with a phone call after the grace period. Upon 1 hour of call attempts, we will notify LAPD.

**RULES:**

1. Tennis Shoes or closed-toe shoes must always be worn. This is for the children's safety in sports and games.
2. Parent(s)/ Guardian must sign out their children out of the program.
3. The Park is not responsible for children's personal belongings. Be sure that all items brought to the park have the child's name written on them.
4. **TOYS AND ELECTRONICS** are **NOT ALLOWED** in our After-School Program.
5. If your child is going to miss a day, please call the park by **12:00pm** at (213) 386-8877 or email us at [Shatto.recreationcenter@lacity.org](mailto:Shatto.recreationcenter@lacity.org)
6. A 24-hour notice is required for early dismissal days.
7. Child(ren) must follow program rules. If a child chooses to continue his/her disruptive behavior a parent communication report will be filed. Four reports will mean expulsion from the program. In extreme cases the parent may be asked to immediately pick up place before the child returns to the After-School Club.

**I acknowledge that I have read the content of this document and I understand it.**