



## SHATTO RECREATION CENTER

# PLAY LA CLASS/CLINIC REGISTRATION FORM

## CLASS/ACTIVITY REGISTRATION FORM

LAST NAME/APELLIDO: \_\_\_\_\_ FIRST NAME/PRIMER NOMBRE: \_\_\_\_\_

BIRTH DATE/FECHA DE NACIMIENTO: \_\_\_\_\_ AGE/EDAD: \_\_\_\_\_ GENDER/GENERO: ☐ M ☐ F

ADDRESS/DOMICILIO: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE/TELEFONO: \_\_\_\_\_ CELL PHONE/CELULAR: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/PADRE/GUARDIAN 1: \_\_\_\_\_ HOME PHONE/TELEFONO: \_\_\_\_\_

CELL PHONE/CELULAR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT/CONTACTO DE EMERGENCIA: \_\_\_\_\_

CELL PHONE/CELULAR: \_\_\_\_\_ RELATIONSHIP/RELACION: \_\_\_\_\_

SEASON TEMPORADA	CLASS CLASSE	DAY DIA	TIME HORARIO	RECEIPT#	FEE	STAFF INITIALS

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. 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 to my child in connection with this activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

I authorize the city of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

I, the undersigned parent, do hereby authorize the City of Los Angeles, Department of Recreation and Parks as agents for the under-signed to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care, which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

**REFUND POLICY:** Refunds will be given up to the day prior to the first class meeting ONLY. A 15% administration fee will be assessed by the recreation center for any patron granted a refund. Full refunds will not be issued unless a class or sports league is cancelled by the center.

There will be **NO REFUNDS** after the program has begun unless a class or sports league is changed or cancelled by the recreation center.

Credits or make-ups will not be given for classes missed by the patron. Please allow 6-8 weeks for the processing of all refund requests Monthly/weekly/session fees are due before the first day of class/ activity.

PARENT/GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_