

SHATTO RECREATION CENTER 3191 West 4th Los Angeles, CA 90020 (213) 386-8877



CULTURAL CLASS REGISTRATION FORM

I, the undersigned parent of, a minor, do hereby authorize the City of Los Angeles, Department of Recreat and Parks as agents for the under-signed to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provision 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 hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care, which the aforemention physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of the program, urevoked sooner in writing and delivered to said agent.	PARTICIPANT INFORMATION/INFOR	MACION DE PARTICIPA	ANTE:	
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