



SHATTO RECREATION CENTER

ACTIVITY REGISTRATION



PARK PROUD LA

Class:	Ages: 4-6	Ages: 7-8	Ages: 9-10
	Ages: 11-12	Ages: 13-15	Ages: Adult

Parent/ Guardian: The information below is extremely important for the health and welfare of your child. Carefully fill out the information below. It is imperative that this information is correct and current. Please type or print legibly.

CHILD'S NAME: _____

DATE OF BIRTH: _____ / _____ / _____ AGE: _____ GENDER: MALE _____ FEMALE _____

ADULT/ PARENTS' NAME: _____

ADDRESS _____ HOME PHONE: (____) _____
CITY _____ STATE _____ ZIP _____ CELL PHONE: (____) _____
EMAIL: _____

IN AN EMERGENCY IF PARENTS ARE UNAVAILABLE, CONTACT PERSON:

1. NAME _____ RELATIONSHIP: _____
HOME PHONE (____) _____ WORK PHONE (____) _____
2. NAME _____ RELATIONSHIP _____
HOME PHONE (____) _____ WORK PHONE (____) _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I /We, the undersigned parent(s)/ guardian(s) of _____ (name of minor), do hereby authorize the PARK REPRESENTATIVES as agent(s) for the undersigned to consent to any 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 special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain effective until **December 31**, _____, unless sooner revoked in writing and delivered to say agent(s).

DATE PARENT/GUARDIAN (PRINT NAME) PARENT/GUARDIAN SIGNATURE

3191 W. 4th Street, Los Angeles, CA 90020 | Phone: (213) 386-8877 Fax: (213) 386-4617
Email: shatto.recreationcenter@lacity.org

For Office Use Only:

Household Number: _____ Registration # _____

Activity Registration Monthly Payment Record

Month	Cash	Visa/MasterCard	Money Order	Amount Paid	Received By	Receipt #
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						