





# AFTER SCHOOL CLUB REGISTRATION FORM

## CHILD'S HEALTH INFORMATION

*Should any of your child's health information change, please contact the Recreation Center to ensure the information below stays current*

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

List all Medications: \_\_\_\_\_

Conditions or behaviors that we should be aware of in case of major emergency: \_\_\_\_\_

### HEALTH HISTORY

*Please (x) if your child had any of the following:*

- |   |  |   |                                      |  |   |
|---|--|---|--------------------------------------|--|---|
| <input type="checkbox"/> Appendicitis     | <input type="checkbox"/> Constipation  | <input type="checkbox"/> German measles | <input type="checkbox"/> Measles     | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Stomach Upset  |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diptheria     | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Mumps       | <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Teatnus        |
| <input type="checkbox"/> Chicken Pox      | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Sinus Trouble   | <input type="checkbox"/> Tonsillitis    |
| <input type="checkbox"/> Colds (frequent) | <input type="checkbox"/> Fainting      | <input type="checkbox"/> Heart Trouble  | <input type="checkbox"/> Polio       | <input type="checkbox"/> Skin Rash       | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Other: _____     |  |   |                                      |  |   |

Year of last immunization or booster: \_\_\_\_\_

Has your child received any medical treatment in the past year: \_\_\_\_\_ Date: \_\_\_\_\_

## AFTER SCHOOL CLUB RULES & POLICIES

- ⇒ I hereby authorize my son/daughter \_\_\_\_\_ to travel (bus, van, or walking) to any field trip/outing/school pickup/bus stop pick up in association with STONER RECREATION CENTER, including walking from school with staff to Stoner Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.
- ⇒ Program participants must be picked up by 6:00pm or will be charged for late fees.
- ⇒ After the Wednesday prior to the activity beginning, no refunds will be issued unless the program is cancelled by the Recreation Center. A 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. All refund requests must be submitted by email or in person on a Refund Request form. There are no refunds or credits for missed days, unless the program is cancelled. There are no credits or make-up days for missed days.
- ⇒ PHOTO RELEASE: By registering, you authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
- ⇒ The facility is NOT responsible for lost or stolen articles. No Electronics or valuables may be brought to program.

**I acknowledge that I have read and understand all of the policies as listed on this application. By my child's participation I agree to follow and abide by these rules.**

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_



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## POLICIES & WAIVERS

Child's Full Name: \_\_\_\_\_

### COVID-19 Acceptance of Risk and Waiver of Liability

(By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

*Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.*

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

Parent/Guardian Initials: \_\_\_\_\_

### AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

Parent/Guardian Initials: \_\_\_\_\_

### CONSENT TO TREATMENT OF A MINOR

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

Parent/Guardian Initials: \_\_\_\_\_