

**STUDIO CITY RECREATION CENTER  
YOUTH – MONTHLY CLASSES REGISTRATION FORM**

**Make checks payable to: "City of Los Angeles - Department of Recreation & Parks"**

Full Class Name: \_\_\_\_\_ Day/Time \_\_\_\_\_ Class Level: \_\_\_\_\_

Full Class Name: \_\_\_\_\_ Day/Time \_\_\_\_\_ Class Level: \_\_\_\_\_

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male:  Female:

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

Emergency Contact (name): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD PARTICIPANT.**

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the above named child ("Minor") the opportunity to participate in this activity. (Print parent/guardian name: \_\_\_\_\_)  
 The Undersigned, as the parent or legal guardian of the Minor, do hereby agree as follows: **I AM AWARE THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THIS ACTIVITY. I WILL INSTRUCT THE MINOR TO ABIDE BY ALL SAFETY REGULATIONS** and to make reasonable precautions to minimized the risks of injury or damage arising from participation in this activity; **I GIVE MY CONSENT TO HAVE THE MINOR PARTICIPATE IN THIS CLASS** and I knowingly assume all responsibility for all risks of bodily injury, death or property damage which the minor may sustains as a result; I understand that **CITY OF L.A. CARRIES NO INSURANCE** also **I UNDERSTAND THAT THE CITY HAS NO OBLIGATION TO OBTAIN MEDICAL TREATMENT FOR MINORS.** Should it be necessary for the Minor to have emergency care while participating in the class, I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care, and I give permission to the medical care provider selected by the City Personnel to render medical care deemed necessary and appropriate; **EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY,** I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other injury, damage, loss or expense, claims, demands, causes of actions, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in this or any other city program or related activities. **I HAVE CAREFULLY READ THIS AGREEMENT.** I understand what it means and my signature below is my own free act. I intend it to be legally binding to include the minor (participant) and myself. I also acknowledge that I have read and understand the payment. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. By participating in our programs, patrons agree to allow the City of Los Angeles, The Department of Recreation and Parks, and Studio City Recreation Center to use photographs, video and audio recordings or testimonials of participants for use in publicity materials free on any fee or usage charge.

**IMPORTANT: PARENT OR GUARDIAN'S SIGNATURE REQUIRED:**

\_\_\_\_\_  
 PRINT Participant's Parent/Guardian Name      SIGNATURE      Child's Name      Date

I grant Studio City Recreation permission to add my email address to the E-mail list to receive news and flyers from SCRC\_\_\_\_(initials)

**REFUND POLICY**

A Non-refundable 15% administrative fee will be assessed by the Recreation Center to any patron granted a refund, change or transfer per class or sports league registration. Full refunds will only be issued when a class or sports league is canceled by the Recreation Center.

**OFFICE USE ONLY**

DATE	RW NUMBER	PAID	AMOUNT	STAFF INITIALS
		Cash <input type="checkbox"/> Online <input type="checkbox"/> Check <input type="checkbox"/> Walk-in <input type="checkbox"/> Credit <input type="checkbox"/>		

