

Van Nuys Recreation Center

Class Registration Form

Adult

Participant Information

Name: _____

Address _____

City _____ Zip _____

Email _____ Cell/Home# _____

CONSENT FORM

I understand the Recreation Facility and Council Office CARRIES NO INSURANCE. I do hereby authorize Van Nuys Recreation Center 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 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.

Photo Release

By enrolling your child(ren) in the Van Nuys Recreation Center program, you agree to allow the City of Los Angeles, Department of Recreation and Parks, its officers, agents and employees and Van Nuys Recreation Center to use photographs, video and testimonials of participants for use in publicity material free from any fee or usage charge unless otherwise notified.

I have read and understand the Registration Information, Photo Release, Consent Form and the Refund Policy. I agree to the above terms.

Signature _____ Date _____