

City of Los Angeles Department of Recreation and Parks
 Anderson Memorial Senior Citizen Center
REGISTRATION FORM 2023

Household Number: _____

Program/Class: _____ New / Returning Registration Date: _____

Participants Name: _____ Phone: _____

Address: _____ City: _____ State: CA Zip code: _____

Date of birth: _____ Age: ___ Male Female School (if minor) _____ Grade _____

Parent/Guardian Name (if minor) _____ Cell: (_____) _____

Parent/Guardian Name (if minor) _____ Cell: (_____) _____

Email: _____ Medical Alert: _____

	Date Paid	Receipt #	Fee	Staff Initial		Date Paid	Receipt #	Fee	Staff Initial
Winter					Summer				
Spring					Winter				

***** Emergency Information (Valid ID will be required for child's release):*****

Name: _____ Home Phone: (_____) _____ Other: (_____) _____

PAYMENT PROCEDURES AND REFUND POLICY:

1. Payment by check, money order or credit card is preferred. If paying with cash, please bring exact change. A collection fee of \$35 will be charged for each returned check.
2. All payments for classes must be made in full, on the 1st of every month.
3. Programs and classes are set as monthly sessions, not on a per class basis. Fees will not be prorated unless our recreation center cancels a class or program. Holiday closures do not count as a cancelled class.
4. A 15% processing fee will be added to all refunds.

RELEASE OF LIABILITY

I am aware that the City of Los Angeles Department of Recreation & Parks carries no insurance for the participating student. I further agree to relieve Anderson Memorial Senior Citizen Center and the City of Los Angeles, Department of Recreation & Parks, agents and employees, of any liability in connection with this agreement, and for any accident or injury that occurs during the student's participation in any recreation program/class at or away from this facility.

Signature: _____ Date: _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

(I, (We), the undersigned parent(s) of _____, a minor, do hereby authorize the City of Los Angeles Department of Recreation and Parks, staff and 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 provision of the medical practice act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

Signature: _____ Relationship to Student: _____

*****For Office Use Only*****

Class Start Date: _____ Day(s) of Class _____ Time(s) of class: _____ Approved by: _____



ANDERSON MEMORIAL SENIOR CITIZEN CENTER

50+ ADULT PROGRAMS

REGISTRATION AND RELEASE OF LIABILITY FORM



GENERAL POLICIES & PHOTO/VIDEO RELEASE

1. Payments may be made with cash (exact change), debit or credit (Visa/MasterCard only) and by check or money order. Online registration is preferred.
2. No refunds unless the program is cancelled. There are no credits or make-up days for missed days. No classes on City observed holidays.
3. The facility is NOT responsible for lost or stolen articles.
4. I will not engage in any activity that is disruptive to the center.
5. I will not engage in any activity that may present a danger to myself or others.
6. I will not use language or behavior that is obscene, abusive, loud or insulting to others.
7. I will not harass or discriminate against staff, participants or guests especially based on race, gender, age, national origin, religion or disability.
8. I will not participate in any activities while under the influence of alcohol or illegal drugs.
9. I will not participate in any illegal activity while at the center.
10. I will not carry a weapon in the center.
11. I will not destroy or partake in theft of City or personal property in the center.
12. I will maintain a level of personal hygiene consistent with generally accepted standards of health and safety for myself and others.
13. I will not smoke or use other tobacco products and electronic smoking devices inside the senior center, including public areas and restrooms.

PHOTO/VIDEO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.



Initial

I acknowledge that I have read and understand all of the policies as listed on this application.

PRINT NAME	SIGNATURE	DATE
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