



City of Los Angeles Department of Recreation and Parks Encino Community Center

4935 Balboa Blvd. Encino CA, 91316 • Phone: (818) 995-1690

Email: Encino.communitycenter@lacity.org



Theater Program Registration Form

Title of Play / Musical:		Today's Date:	
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Participant(s):

Child's Name: _____ Birthdate: ____ / ____ / ____ Gender: Male / Female

Child's Name: _____ Birthdate: ____ / ____ / ____ Gender: Male / Female

Parent/Guardian Name: _____ **E-mail Address:** _____

Address _____ City _____ State _____ Zip _____

Cell () _____ - _____ Home () _____ - _____ Work () _____ - _____

Parent/Guardian Name: _____ **E-mail Address:** _____

Address _____ City _____ State _____ Zip _____

Cell () _____ - _____ Home () _____ - _____ Work () _____ - _____

EMERGENCY CONTACT

I authorize these additional persons to pick up my child (include car pools) and to be contacted in case of an emergency:

Name _____ Phone () _____ - _____ Relation _____

Name _____ Phone () _____ - _____ Relation _____

Name _____ Phone () _____ - _____ Relation _____

For Staff Use Only:

Make check or money order payable to: "LA. City Dept. of Rec. & Parks" Credit Cards Accepted

Receipt Number	Date	Staff Name	Total Paid

ACKNOWLEDGEMENT OF POLICIES and RELEASE OF LIABILITY

We reserve the right to change or alter programming at any time without notice.

LIABILITY & MEDICAL ATTENTION

I, the undersigned, agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents, and employees from any liability from injuries to myself and/or any above listed participant in connection with activities in this program. I also hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I understand that the Park carries NO INSURANCE.

PHOTO RELEASE

By registering I agree to allow the City of LA Department of Recreation & Parks, Encino Community Center, it's agents and assigned representatives to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option for myself or my child(ren) to be excluded.

GENERAL POLICIES

1) Neither the Department of Recreation and Parks nor the center carries insurance. 2) No full refund will be issued unless the program is cancelled by Encino Community Center. A 15% processing fee will apply to all approved refunds in addition to any other applicable fees. Allow 6 to 8 weeks for processing of refunds. 3) Only the parents and authorized individuals listed on the child's application will be allowed to sign-out the child. 4) For safety purposes, parents are not permitted to linger in or around the program for extended periods of time. 5) If a child misses more than 2 class days they may be subject to being reassigned a new part/role. 6) Cell phones, personal toys, games and other items are NOT permitted in class. Encino Community Center, Staff, and the City of Los Angeles, Department of Recreation and Parks, are not responsible for broken, lost or stolen items/articles.

I have read, understand and agree to Encino Community Center's RELEASE OF LIABILITY, PHOTO RELEASE, AND GENERAL Policies & Procedures.

Signature

Print Name

Date

Code of Conduct

I am happy and excited for this opportunity to be involved with a valuable theatre experience. I realize I am an important person in a complicated maze of actors and technicians working on stage and back-stage. In order for all of us to have a successful experience and a happy memory I know I must be willing to do my part. Therefore, I agree to the following:

1. I promise to keep a good attitude and to be encouraging, positive, and appreciative of fellow actors, crew heads, crew members, adult directors, and parents.
2. I have carefully read the list of stage and shop safety rules and I agree to follow them. I will remind others to do the same.
3. I agree to memorize my script by the specified date and/or complete all items on my crew list. I realize my failure to complete my job is a serious lack of commitment to everyone involved with the production.
4. I realize by being part of this production I am sacrificing several hours of my week. I promise to reduce stress by employing time management skills and organizing my life.
5. My education is of prime importance to me and my parents. While I am part of this production team, I will not let my grades suffer.
6. If I am feeling pressure or stress, I understand I do not have to keep it to myself. I know I can talk with the directors of the show about my concerns. I promise not to take out my frustrations on my parents, friends, teachers, directors, cast or crew members.
7. I realize my parents are being supporting of my creative efforts and have rearranged their schedules to accommodate mine. I will be understanding and appreciative of my parents and their dedication to my craft.
8. I understand that the success of this production relies on my consistent participation. I realize that excessive absences from rehearsal, or failure to live up to my responsibilities may result in a reassignment of my production role as an actor, crew head or stage crew member.

Date

Student Name (please print)

Parent/Guardian Name (please print)

Date

Student Name (please print)

Parent/Guardian Name (please print)

Student Signature

Parent/Guardian Signature

Student Signature

Parent/Guardian Signature