

Afterschool Club Registration Form

PARTICIPANT INFORMATION

Participant's Last Name: _____ First Name: _____ Gender _____
Address: _____ City _____ Zip Code _____
Birthday: ____/____/____ Age: ____ School: _____ Grade: _____
School Address _____ Room # _____
Teacher Name _____ Single Track Three **A B C** Track Four **A B C D**

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Parent's Name: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY, if I cannot be reached:

Name: _____ Phone Number: (____) _____ Relationship _____
Name: _____ Phone Number: (____) _____ Relationship _____

Only the following individuals are authorized to pick my child up:

Name: _____ Phone _____ Relationship _____
Name: _____ Phone _____ Relationship _____
Name: _____ Phone _____ Relationship _____
Name: _____ Phone _____ Relationship _____
Name: _____ Phone _____ Relationship _____

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

PARENT/GUARDIAN PERMISSION:

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 LAFAYETTE RECREATION CENTER, including walking from school with staff to Recreation Center. I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

DATE: _____ PARENT OR GUARDIAN SIGNATURE: _____

AUTHORIZATION TO 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 **DIRECTORS AND STAFF OF _____ RECREATION CENTER** as 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 specific supervision of any physician (M.D.), dentist (D.D.S.) or surgeon licensed under the provision of the Medical Practice Act, or 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 care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. **CALIFORNIA SECTION 25.8 CIVIC CODE**

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. I further relieve the Department of Recreation and Parks, City of Los Angeles, and its officers, agents or employees of any liability in connection with this request.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

DATED: _____ PARENT OR GUARDIAN SIGNATURE: _____

Participant's Last Name: _____ First Name: _____

HEALTH BACKGROUND INFORMATION

Current Tetanus Shot: Yes No

Has the child had the following:

Chicken Pox _____	Rheumatic Fever _____	Measles _____
Sinus Trouble _____	Mumps _____	Colds _____
Headaches _____	German Measles _____	Fainting _____
Ear Infections _____	Asthma _____	Tonsillitis _____
Constipation _____	Upset Stomach _____	Appendicitis _____
Scarlet Fever _____	Diphtheria _____	Heart Trouble _____
Hay Fever _____	Skin Rash _____	Nose Bleeds _____

Other: _____

Comments: _____

Allergic Reactions Please List:

Food(s): _____

Bee Sting (etc.): _____

Drugs/medications (penicillin, etc.): _____

Operations or serious injuries: _____

Has the child received medical treatment in the past year? _____ If yes, please provide the date and reason for treatment. _____

Does the child take any medication presently? _____ If yes, please list them, specific dosage and amounts daily.

**Medication	Dosage (1 pill, half pill etc.)	Times Daily (1 time, with food etc.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**We are not allowed to administer medication. Participant must be able to self administer medications. (Open and close container, take meds etc...without staff assistance.)

City of Los Angeles Department of Recreation and Parks

WAIVER AND RELEASE FORM

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks at **LAFAYETTE RECREATION CENTER** granting the above-named child ("Minor") the opportunity to participate in the **After School Program**.

I, (print name) _____ the undersigned, as the parent/guardian of (print name) _____ ("the Minor"), I do hereby agree as follows:

I am aware that there are certain risks of injury and/or damage inherent in the Program's activities;

I understand that if my child misbehaves and/or is sick and needs to be sent home; I agree to pick them up at the time requested by the staff;

I understand that the Center carries no insurance.

I agree to complete Health History form providing Minor's current, complete and truthful health history; including immunization history and overall health status;

I understand that under certain medical conditions the Center staff may require a written authorization based on a physical examination by a licensed medical person as requirement for the Minor to participate in the Program;

I confirm to the best of my knowledge and belief the Minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which might hinder their safe participation or the safety of others in the Program;

I will instruct the Minor to abide by all safety rules, policies and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the Program;

I give my consent to have the Minor participate in all aspects of the Program;

I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death or property damage that may occur in relation to the Minor as a consequence of participation in the Program at the Camp;

I give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus and/or public transportation as part of the Program;

I understand that the Center has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program; **I hereby give the personnel my permission to use their judgment in obtaining medical care, and; I give permission to the medical care provider selected by the personnel to render medical care deemed necessary and appropriate;**

Except for the gross negligence or willful misconduct of the Program, I (print name) _____ waive all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, LAFAYETTE RECREATION CENTER its officers, agents, employees and/or personnel, and I release, acquit and forever discharge the City of Los Angeles, Department of Recreation and Parks, LAFAYETTE RECREATION CENTER its officers, agents, employees and/or personnel, from and all liability for any bodily injury, emotional injury, or other personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or use, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor's participation in the Program or any related activities;

I agree to keep the Program advised if I will be out of contact for any period of time during the Program and to provide additional and/or alternate contact information prior to my leaving;

I also authorize the Program, City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program and/or Camps' publicity, marketing and/or advertising materials;

I have read this agreement and I understand what it means to my legal rights and the Minors participation and by my signature made of my own free will and act;

I agree to abide by the rules and policies set forth in this registration and waiver release forms;

I have read and understand the payment, refund and conditions of enrollment policies as found in this registration form;

I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor(s).

Important: Parent or Guardians Original Signature Required.

Childs Name (please print) _____ **Date** _____

Parent/Guardian Name (please print) _____

Signature _____ **Date** _____