



SHATTO RECREATION CENTER

PLAY LA CLASS/CLINIC REGISTRATION FORM

CLASS/ACTIVITY REGISTRATION FORM

LAST NAME/APELLIDO: _____ FIRST NAME/PRIMER NOMBRE: _____

BIRTH DATE/FECHA DE NACIMIENTO: _____ AGE/EDAD: _____ GENDER/GENERO: M F

ADDRESS/DOMICILIO: _____ CITY: _____ ZIP: _____

HOME PHONE/TELEFONO: _____ CELL PHONE/CELULAR: _____

SCHOOL NAME: _____ GRADE: _____

PARENT/PADRE/GUARDIAN 1: _____ HOME PHONE/TELEFONO: _____

CELL PHONE/CELULAR: _____ EMAIL: _____

PARENT/PADRE/GUARDIAN 2: _____ HOME PHONE/TELEFONO: _____

CELL PHONE/CELULAR: _____ EMAIL: _____

EMERGENCY CONTACT/CONTACTO DE EMERGENCIA: _____

CELL PHONE/CELULAR: _____ RELATIONSHIP/RELACION: _____

SEASON TEMPORADA	CLASS CLASSE	DAY DIA	TIME HORARIO	RECEIPT#	FEE	STAFF INITIALS

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer agents and employees from any liability in connection with any injury to my child in connection with this activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

Right of Publicity: I authorize the city of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

I, the undersigned parent of, _____ a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks 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 to be 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.

PARENT/GUARDIAN: _____ SIGNATURE: _____ DATE: _____

PLEASE READ AND REVIEW WAIVERS AND LIABILITY ON BACKSIDE

Participant Name: _____

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE. PHOTO RELEASE:** By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives and Shatto Recreation Center permission to use the image (digital, film and/or audio) and testimonials of participants for use in publicity materials free of any fee or usage charge.

Parent/Guardian Initials : _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for 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 specialized supervision of any physician licensed under the provisions of the Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

Parent/Guardian Initials : _____

REFUND POLICY: Refunds will be given up to the day prior to the first class meeting ONLY. A 15% administration fee will be assessed by the recreation center for any patron granted a refund. Full refunds will not be issued unless a class or sports league is cancelled by the center. There will be **NO REFUNDS** after the program has begun unless a class or sports league is changed or cancelled by the recreation center. Credits or make-ups will not be given for classes missed by the patron. Please allow 6-8 weeks for the processing of all refund requests Monthly/weekly/session fees are due before the first day of class/ activity.

Parent/Guardian Initials : _____

Print Name of Parent/Guardian:

Signature of Parent/Guardian:

_____ **Date:** _____