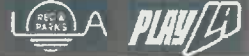




STATE STREET RECREATION CENTER

716 NORTH STATE STREET, LOS ANGELES, CA 90033 | PHONE: (213) 847-2790
EMAIL: STATESTREET.RECCENTER@LACITY.ORG | INSTAGRAM: @STATESTREET.RECREATIONCENTER



CLASS/ACTIVITY REGISTRATION FORM

PARTICIPANT INFORMATION

FIRST Name:		LAST Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of Birth:		Age:		School:	
Home Address		Unit	City	State	Zip Code
Name of Parent or Guardian:			Home Phone: - -		Cell Phone: - -
Email Address:					

CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED

EMERGENCY INFORMATION

Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -
Name (FIRST/LAST)	Relationship	Home Phone - -	Cell Phone - -

CLASS INFORMATION

SESSION: SUMMER FALL WINTER SPRING

CLASS	RECEIPT #	FEE	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PAYMENTS MAY BE MADE WITH CASH (EXACT CHANGE), DEBIT OR CREDIT (VISA/ MASTERCARD) AND BY CHECK. REFUNDS ARE SUBJECT TO A 15% ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED WITHIN A WEEK OF CLASS SESSION START DATE OR ONCE THE ACTIVITY HAS BEGUN.
THERE ARE NO CREDITS OR MAKE-UP DAYS FOR MISSED DAYS. NO CLASSES ON OBSERVED HOLIDAYS.