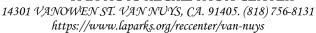


## City of Los Angeles - Department of Recreation and Parks

## **VAN NUYS RECREATION CENTER**





## Class Registration Form

Registration will be taken in the order they are received. Classes have limited spaces available. Full payment must be made at the time of registration. Payment may be made by cash, check, Visa, or Mastercard. **Cash must be in exact amount**. Checks are to be made payable to "L.A. City Department of Recreation and Parks". Check must contain name & address printed by the bank. **A collection fee will be charged for returned checks.** 

Use one form per family. Please fill in registration form COMPLETELY and sign.

use one form	n per family. P	riease tili ir	n registration	TORM COMPL	EIELT ai	ıa sıgn.				
Name (Mo	other/Guard	lian):								
Primary phone:						Alternate phone:				
E-mail:										
Address: C								Zip	:	
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E-mail:		_								
Emergend	y Contact:						Phone:			
NAME OF CLASS		TIME	PA	ARTICIPANT	ΓΙCIPANT'S NAME			AGE	DATE OF BIRTH	
further agree to my child(ren) re hereby authoriz diagnosis, treat surgeon license rendered at the	o relieve the City esulting from an ze the City of L tment/hospital ca ed under the pro	of Los Ange d/or in conno os Angeles are which is ovisions of to ohysician or	eles Department ection with the to act as agent deemed advisa the Medical Pra at said hospital	t of Recreation & activities in its part for myself/my able by, and is actice Act & on the authorized.	R Parks, its programs. child(ren): to be rend the medication is given	officers, and officers, and officers of the consecution of the consecu	agents, and entand the Recre ent to any x-ra er the general a licensed ho ance of any sp	nployees from an eation Center CA by examination, or special super espital; whether	rams and all activities therein.  ny liability for injury to myself of a ARRIES NO INSURANCE. I do anesthetic, medical or surgical rision of any physician and/of such diagnosis or treatment is a this authorization shall remains	
photographs, vi		testimonials	of participants f	for use in public	ity materia	Is free of a	any fee or usa		Nuys Recreation Center to use is difficult to pull individuals or	
registration may at the recreati	y be assessed a	dditional fees r the first o	s. Refunds will b day of a session	oe issued as cre on, the Recrea	dit to your tion Cente	household er issues	d registration a a partial refu	ccount that can lind to patrons	ass, sports league or day cam be used for future programmin withdrawing from the activity	
	I have	read, und	erstand, and	agree to abid	e by the a	above me	entioned pol	icies and prac	tices.	
Signatu	re of Parent/Gu	uardian:								
				FOR STA	FF USE	ONLY				
RW#:		Date:		CASH	CHECK	CRE	DIT CARD A	MOUNT:	INITIALS:	