

CLASS REGISTRATION FORM

Please print clearly. Use one form per family. Applications cannot be processed without a fully completed form nor full payment.

Name (Parent/Guardian or Adult): _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

Secondary/Emergency Contact Name: _____

Primary Phone: _____ Alternate Phone: _____

DAY	TIME	NAME OF CLASS	FEE	PARTICIPANT (First & Last Name)	M/F	AGE	DATE OF BIRTH

REFUND POLICY: A non-refundable 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund, change, or transfer. Additional fees will be charged for any classes the patron attended. Credits or make-ups will not be given for classes missed by the patron. Full refunds will only be issued if the program is cancelled by the Recreation Center.

CONSENT: By registering, I understand that I am giving my authorization to participate in the Balboa Sports Center programs and all activities therein. I further agree to relieve the City of Los Angeles Department of Recreation & Parks, its officers, agents, and employees from any liability for injury to myself or the participant I am registering resulting from and/or in connection with the activities in its program(s). I understand that the Recreation Center carries no insurance. I do hereby authorize the City of Los Angeles to act as agent for myself/my participants to consent to 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 Medical 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 consent. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

PHOTO RELEASE: By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and the Balboa Sports Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I have read, understand, and agree to abide by the above mentioned policies and practices.

Signature of Parent/Guardian or Adult: _____ Date: _____

FOR STAFF / OFFICE USE ONLY

RW#:	DATE:	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	AMOUNT:	INITIALS:
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