

City of Los Angeles Department of Recreation and Parks

Ramon Garcia Recreation Center – ADULT FORM

1016 South Fresno Street, Los Angeles CA 90023 • (323) 265-4755 •

www.laparks.org • e-mail: ramongarcia.recreationcenter@lacity.org

PLEASE COMPLETE THIS FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT

Participant: Last Name: _____ First Name: _____

Participant’s Date of Birth: _____ Sex: Male Female

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone _____

Work Phone: _____ Email: _____

Emergency Contact (Other than parent): _____ Relation to Participant: _____

Emergency Contact’s Home Phone: _____ Work/Cell Phone: _____

PLEASE FILL IN ALL CLASSES THE PARTICIPANT IS ENROLLING IN					SESSION:	
Name of class	Day	Time	Fee	RR# (Office use only)	Payment type	Notes

Consent Form

(Please Initial All)

_____ I, _____, am to participate in this Garcia Recreation Center class/activity. I understand the nature of the class/activity and the experience and capabilities required. 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 with connection to this class/activity. I understand the Recreation Facility carries no insurance.

_____ I, _____ do hereby authorize Ramon Garcia Recreation Center as agents 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 a physician licensed under 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 at said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which deemed aforementioned physician may deem advisable.

_____ No refunds will be issued to patrons making false statements on registration forms. Proof of statements may be requested.

_____ I understand there may be a 15% administration fee for refunds, transfers, changes. No refunds will be issued once the classes/program begin.