



# CAMP REGISTRATION FORM

PLEASE PRINT CLEARLY

Household ID



PARTICIPANT

First Name

Last Name

Date Of Birth        
 M M D D Y Y

Age

Gender  Female  Male

School child attends

Parent/Guardian Name  Phone Number

Home Phone  Work Phone  Cell Phone

Full Address  City

Zip Code  E-Mail

Emergency Contact name  Emergency Phone



## PARENT/PARTICIPANT CONCENT

**Participant as a minor:** I, the undersigned, give permission for my child, whose name appears above, to participate in the City of Los Angeles Department of Recreation and Parks Athletic and all other Programs . I understand the nature of sports activities and the minor's 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 league. I understand that the Recreation Facility CARRIES NO INSURANCE.

I, the undersigned parent of,  a minor, do hereby authorize the City of Los Angeles Department of Recreation and Parks staff 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 say agent.

**Right of Publicity:** By participating in our programs, I agree to allow the City of Los Angeles, The Department of Recreation and Parks, Rio De Los Angeles State Park, and it's partners to use physical image, photographs, video and audio recordings or testimonials of participant(s) for use in publicity materials in perpetuity without compensation.

**REFUND POLICY:** A non-refundable 15% administration fee will be assessed by the recreation center for any patron granted a refund, change or transfer per class or sports league registration. No full refund will be issued unless the class or league is cancelled by the recreation center. Once the league has started I am aware that there will be no refunds .

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### OFFICE USE ONLY

### SPRING CAMP 3/31 - 4/3

DATE

RECEIPT NUMBER(s)

PAID

AMOUNT

STAFF INITIALS

Cash  Online   
 Check  Walk-in   
 Credit  Phone