City of Los Angeles Department of Recreation and Parks

PROGRAM REGISTRATION FORM

PLEASE FILL OUT FORM CLEARLY AND COMPLETELY • ONE FORM PER PARTICIPANT

RECREATION FACILITY: _____

PROGRAM/CLASS: _____ **SCHOOL:** _____ **GRADE:** _____

PARTICIPANT'S FULL NAME: _____

BIRTHDATE: _____ **AGE:** _____ **GENDER:** **MALE** **FEMALE** **OTHER**

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PARENT/GUARDIAN: _____

PHONE NUMBER: _____ **SECONDARY PHONE NUMBER:** _____

EMAIL: _____

ADDITIONAL PARENT/GUARDIAN: _____ **RELATION TO PARTICIPANT:** _____

PHONE NUMBER: _____ **SECONDARY PHONE NUMBER:** _____

INITIAL EACH POLICY BELOW:

_____ **REFUND POLICY:** Refunds will only be issued prior to the first day of the program or if the program is cancelled by the recreation facility. A non-refundable15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. Credits, refunds or make-ups will not be provided for classes missed by the patron and there will be no prorating of fees.

_____ **AUTHORIZATION TO PARTICIPATE:** I acknowledge that there are certain risks of injury or damage inherent in the above named activity in which I elect to participate. I agree to assume these risks as well as liability for my own actions and/or those of my child named above. Except for gross negligence or willful misconduct by City personnel, I hereby waive any right to make a claim against the City of Los Angeles for injury, damage, loss or expense sustained by me and/or my child, or my property while engaged in activities related to this event. I further agree to abide by all safety regulations and precautions and to hold the City harmless from liability which may arise from any participation in this activity.

_____ **CONSENT TO TREAT:** I, as the participant and/or parent or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation and Parks to act as agents for the undersigned to consent for any 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 best judgement may deem advisable. I agree with the understanding that the cost of any such treatment will be my responsibility. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to the said agent.

_____ **PHOTO RELEASE:** By participating in the above mentioned program, I authorize the City of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, films, tapes or other likenesses of my, or my child's, physical image and/or voice as may be needed for use with the programs and/or City's publicity, marketing, and/or advertising materials without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE MENTIONED POLICIES AND PRACTICES.

SIGNATURE: _____ **DATE:** _____

AFTER-SCHOOL PROGRAMS
AUTHORIZED PICK-UP AND EMERGENCY CONTACT LIST

Only people listed on the authorization pick-up list will be allowed to sign a participant out of a RAP after-school program. Any changes must be made in person. In case of emergency, parents/guardians will be contacted first. If parents/guardians cannot be reached, we will then call the people from the list below in the order listed.

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Persons listed below are **NOT authorized to pick up my child at any time.

**Please note: If named person is a biological parent, written documentation by the court is required.

Name _____ **Relationship** _____

Name _____ **Relationship** _____

LIST ANY MAJOR ALLERGIES, ILLNESSES, MEDICAL CONDITIONS, OR BEHAVIORS WE SHOULD BE AWARE OF:

_____

_____

_____

FOR OFFICE USE ONLY				
NAME OF CLASS	**DATE PAID**	**AMOUNT**	**RECEIPT #**	**STAFF INITIAL**

Revised 7/2023