

GLASSELL PARK RECREATION CENTER

3650 VERDUGO RD LOS ANGELES, CA 90065 (323) 257-1863

CLASS REGISTRATION FORM

Last Name _____ First Name _____
(Person Registering for Class)

Birthdate ___ / ___ / ___ Age _____ Grade _____ School _____

Address _____ City _____ Zip Code _____

Parent/Guardian _____
(if person registering is under age 18)

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Emergency Contact Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Please List Class/es:

1. _____

2. _____

3. _____

4. _____

REGISTRATION INFORMATION

1. Have exact change when paying in cash. Make all checks or money orders payable to L.A. CITY REC. AND PARKS.
2. Full payment is required at time of registration.
3. Monthly/weekly fees are due the first day of the class/activity.
4. No refunds unless class/activity is cancelled by administration.
5. Administration may cancel or combine activities if minimum enrollment is not met.
6. There will be no classes on holidays.
7. Personal insurance is needed. The City of L.A. does not provide insurance.

PARENT CONSENT FOR

I, the undersigned, give permission for my child, whose name appears above, to participate in the GLASSELL PARK athletic program. 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 GLASSELL PARK 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 said agent.

I, authorize the City of Los Angeles and Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings or other likeness of the Minor's physical image and/or voice as for use with the Program publicity, marketing and/or advertising materials.

Signature _____

Date _____