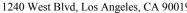
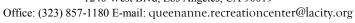


City of Los Angeles - Department of Recreation and Parks

QUEEN ANNE RECREATION CENTER 1240 West Blvd, Los Angeles, CA 90019







Class Registration Form

Adult's Last Name		Adult's First Name			
Address		City	Zip		
Cell()	Cell Service Provid	Cell Service Provider Home()			
E-mail					
	ne Recreation Center Official E-				
Emergency Contact Name					
Home ()	Cell ()	Work ()_			
	<u>Individ</u>	lual Consent Form			
City of L. A. Dept. of Rec & Parks, its of the Recreation Facility CARRIES NO II anesthetic, medical or surgical diagnosis licensed under the provisions of the Mechospital. It is understood that this authoment may deem advisable. The authoriza that my signature is consent for every ses PHOTO CONSENT The City of Los Angeles Department of F	ficers, agents and employees from any liability NSURANCE. I do authorize Queen Anne or treatment and hospital care which is dedical Practice Act on the staff of a licensed lorization is given in advance of any such diation shall remain effective for the duration sign that I check off and sign up for. Recreation and Parks or its assigned agents he	n good health, and in proper physical condition to partity in connection with any injury to myself or my child in Recreation Center as an agent for myself / child listemed advisable by, and is rendered under the general hospital, whether such diagnosis or treatment is rendergnosis, treatment or hospital care which the aforement of the program, unless revoked sooner in writing and has my permission to use images (digital, film, tape, or victomotion of Queen Anne Recreation Center & City of State of Stat	n connection with this activity. I understarted above to consent to X-ray examinatio or specialized supervision of any physicia ered at the office of said physician or a sationed physician in the exercise of the judd delivered to said agent. I also understarted to said agent and understarted to said agent.		
Name of Class	Fee	Participant's Name	DOB Gende.		
		Please Make Checks Payable to	L.A. City VISA MasserCard		
	Refund I	Policy For Classes			
All refunds are subject to a 15%	% administration fee per class per particip	•			
į.	00 administration fee per class per participa				
•	lled out in person at the main office.				
Refunds will not be approved a	-				
There will be no prorating of cl					
	l not be given for classes missed by students	s.			
I have read the consent for	I not be given for classes missed by student:				



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QUEEN ANNE RECREATION CENTER

1240 West Blvd, Los Angeles, CA 90019

Office: (323) 857-1180 E-mail: queenanne.recreationcenter@lacity.org



PAYMENT RECORD

	Date	Amount	Receipt#	Payment	Staff
	Paid			Туре	Initial
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Notes:	 	