



EVERGREEN RECREATION CENTER AFTER SCHOOL CLUB



ONE FORM PER CHILD. THIS FORM MUST BE FILLED OUT COMPLETELY AND TURNED INTO EVERGREEN RECREATION CENTER ON OR BEFORE THEIR FIRST DAY OF ATTENDANCE. **PLEASE ATTACH OR EMAIL A PICTURE OF YOUR CHILD TO EVERGREEN.RECREATIONCENTER@LACITY.ORG**

LAST NAME: _____ **FIRST NAME:** _____ **AGE:** _____

GENDER: MALE FEMALE **BIRTHDATE:** _____ **SCHOOL:** _____

TEACHER: _____ **GRADE:** _____ **PICK-UP AREA:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PARENT/GUARDIAN NAME: _____ **EMAIL:** _____

BEST CONTACT PHONE #: _____ **ALTERNATE #:** _____

PARENT/GUARDIAN NAME: _____ **PHONE#:** _____

I HAVE ATTACHED A PICTURE OF MY CHILD I HAVE EMAILED A PICTURE OF MY CHILD

EMERGENCY CONTACT/ AUTHORIZED PICK-UP

WE DO NOT RELEASE CHILDREN TO FRIENDS, NEIGHBORS, OR RELATIVES WITHOUT EXPRESS WRITTEN PERMISSION FROM THE GUARDIAN/LEGAL GUARDIAN. ALL INDIVIDUALS PICKING UP CHILDREN MUST BE ABLE TO PRESENT PHOTO ID FOR VERIFICATION PURPOSES.

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO SIGN MY CHILD IN OR OUT OF PRESCHOOL:

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

NAME OF ANY PERSON(S) SPECIFICALLY **NOT** AUTHORIZED TO SIGN OUT MY CHILD:

FOR OFFICE USE ONLY	REGISTRATION RR#		HHID#	
MONTH	AMT PAID	RECEIPT #	DATE	STAFF INIT.
AUGUST 2022	\$65			
SEPTEMBER 2022	\$65			
OCTOBER 2022	\$65			
NOVEMBER 2022	\$65			
DECEMBER 2022	\$45			
JANUARY 2022	\$65			
FEBRUARY 2022	\$65			
MARCH 2022	\$65			
APRIL 2022	\$65			
MAY 2022	\$65			
JUNE 2022	\$45			



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HEALTH HISTORY FORM

If there are any changes in your child's health information, please notify the office to ensure all information is current.

ALLERGIES/MEDICAL (PLEASE CHECK AND SPECIFY):

INSECTS (STINGS):

ASTHMA:

FOOD (TYPE/NAME):

MEDICATION(S):

OTHER:

HAS THE CHILD RECEIVED MAJOR MEDICAL TREATMENT IN THE PAST YEAR: YES* NO *IF YES, PLEASE FILL OUT BELOW:

IS THE CHILD CURRENTLY TAKING ANY MEDICATIONS: YES* NO *IF YES, PLEASE FILL OUT BELOW:

REQUEST FOR MEDICATION TO BE GIVEN OUT DURING PRESCHOOL:

I request that my child, a minor, be allowed/ monitored to take the following prescribed medicine(s) while at preschool. I understand that the staff at Wilmington Recreation Center will only monitor the medicine described below according to the time, dosage and frequency indicated on the pharmacy label of the medicine bottle. "Medication is any substance person takes to maintain/improve health. This includes vitamins and natural remedies. All medications must be in original, labeled and non-modified pharmacy containers. Please provide enough of each medication to last the entire time they will be in our program.

NAME OF MEDICINE:	REASON FOR TAKING MEDICATION:	DOSAGE:	TIME GIVEN:	ADDITIONAL INSTRUCTIONS:

PLEASE CHECK IF YOUR CHILD HAS HAD THE FOLLOWING:

- | | | | | |
|---|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> MEASLES | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> MUMPS |
| <input type="checkbox"/> UPSET STOMACH | <input type="checkbox"/> APPENDICITIS | <input type="checkbox"/> FAINTING | <input type="checkbox"/> GERMAN MEASLES | <input type="checkbox"/> NOSEBLEEDS |
| <input type="checkbox"/> FREQUENT COLDS | <input type="checkbox"/> HEADACHES | <input type="checkbox"/> BED WETTING | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> TONSILLITIS |
| <input type="checkbox"/> EAR INFECTION | <input type="checkbox"/> SKIN RASH | <input type="checkbox"/> DIPHTERIA | <input type="checkbox"/> SINUS TRUBLE | <input type="checkbox"/> CONSTIPATION |

MEDICAL CARE INFORMATION

DOCTOR'S NAME:

PHONE#:

INSURANCE CARRIER:

PLEASE GIVE THE MONTH AND YEAR OF LAST IMMUNIZATION OR BOOSTER:

TETANUS:

MUMPS:

MEASLES:

DIPHTHERIA (DTP):

GERMAN MEASLES

TB TEST: POS NEG

WHOOPING COUGH:

POLIO:

COVID-19:



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RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

MEDICAL TREATMENT AUTHORIZATION

I do hereby authorize the City of Los Angeles Department of Recreation & 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 Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that I am participating in, unless revoked sooner in writing and delivered to said agent.



INITIAL

CONSENT TO PARTICIPATE

I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure my safety. I understand the nature these activities and I am aware of my experience and capabilities and believe to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to myself in connection with these programs. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**



INITIAL

VIDEO/PHOTO RELEASE

By registering, I authorize the City of Los Angeles, Department of Recreation and Parks, to make, procure or use photographs, film, tapes, or other likeness of my physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.



INITIAL

COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

By my participation I am fully aware that there are a number of risks associated with my entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from my contraction of COVID-19.



INITIAL

REFUND POLICY: REUNDS ARE SUBJECT TO A 15% ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED WITHIN A WEEK OF PROGRAM'S START DATE OR ONCE THE PROGRAM HAS BEGUN UNLESS THE PROGRAM IS CANCELLED BY THE RECREATION CENTER. THERE ARE NO REFUNDS, CREDITS, MAKEUP DAYS OR PRORATED FEES ON MISSED DAYS.



INITIAL

PRINT NAME:

SIGNATURE

DATE