

HOOVER RECREATION CENTER

1010 W 25th St., Los Angeles, CA 90007. 213-749-8896

Class Registration Form

Please make checks payable to "City of Los Angeles". Quarterly classes are 8-10 weeks in length, and are paid quarterly during the Registration Period. Monthly classes are on-going and **should be paid by the 5th of each month**. Class payments shall be made prior to participating in the activity. All programs and classes are subject to change or cancellation due to center needs or low enrollment.

P A R T I C I P A N T	HOUSEHOLD ID _____
	Last Name _____ First Name _____
	New Student Yes ___ No ___ Birthdate _____ Age _____ Male ___ Female ___

G E N E R A L	Parent Name _____
	Address _____ City _____ Zip _____
	Home Phone _____ Work Phone _____ Cell Phone _____
	Emergency Contact _____ Emergency Phone _____
	E-mail Address _____

PARENT CONSENT FORM

I the undersigned, give permission for my child, whose name appears above, to participate in this program. I understand the nature of this activity and know 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 Officers agents and employees from any liability in connection with any injury to my child in connection with this program. I understand that the Recreation Facility CARRIES NO INSURANCE. I, the undersigned parent of the child whose name appears above on this form, a minor, do hereby authorize HOOVER RECREATION CENTER 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 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 their best judgment may deem advisable. This authorization shall remain effective for the duration of the program I have registered for unless revoked sooner in writing and delivered to said agent.

PRINT Parent/Guardian Name	Parent/Guardian Signature	Date
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REFUND POLICY

A 15% administration fee will be accessed on **all refunds**. No full refunds will be issued unless a class/program is cancelled by the recreation center. After the First Class of the Session a refund will be 75% of the fee. After the Second Class the refund will be 50% of the fee. **NO REFUNDS** after the third class of the session

OFFICE USE ONLY

SEASON	CLASS	RR#	DATE	STAFF INITIAL

