



Registration Application (Please Print Clearly)

Participant Name:		Start Date:
Grade:	Teacher Name:	Class Room #:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell:	
Email Address:		

In Case of Emergency, contact:		
Name:	Relation:	
Address:		
City:	State:	Zip Code:
Best Contact Number:	Secondary Contact Number:	

Authorized Signatures

To ensure the safety of all participants, we require written confirmation from the parent/legal guardian for any individual picking up the participant, including friends, neighbors, or relatives. Please provide the names of both parents/legal guardians and list all individuals authorized to pick up the participant. Any person not registered will need to show photo identification for verification. If I am unable to be present, I authorize one of the following individuals to sign in or sign out my child at the scheduled time:

Name:	Relation:	Phone #

List the name of any person(s) specifically **NOT** permitted to sign out the above named participant:

Signature of Parent/Guardian: _____

Date: _____

City of Los Angeles – North Weddington Recreation Center- Waiver and Release Form

In consideration, the City of Los Angeles acting through its Department of Recreation and Parks at North Weddington RC granting the above-named child (“Minor”) the opportunity to participate in the After School Club 2024-25.

I, (print name) _____ the undersigned, as the parent/guardian of
(Parent/Guardian Name)

(print name) _____ (the minor), hereby agree as follows:
(Participant Name)

- I am aware that there are certain risks of injury and/or damage inherent in the program’s activities;
- I understand that if my child misbehaves and/or is sick and needs to be sent home I will be required to pick them up at the time requested by the Recreation Staff;
- I understand that the Recreation Center carries no insurance.
- I agree to complete the Recreation Center’s Health History form providing the Minor’s current, complete, and truthful health history; including immunization history and overall health status;
- I understand that under certain medical conditions, the recreation center staff may require written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the program;
- I confirm to the best of my knowledge and belief the minor is neither subject to a physical or mental infirmity nor under the influence of any medication or substances which may hinder their safe participation or the safety of others in the program;
- I will instruct the minor to abide by all safety rules, policies, and regulations and to take reasonable precautions to minimize risks of injury or damage arising from participation in the program;
- I give my consent to have the minor participate in all aspects of the program;
- I knowingly assume full responsibility for all risks of bodily injury, emotional injury, death, or property damage that may occur in relation to the Minor as a consequence of participation in the program at the Recreation Center;
- I give my consent to have the Minor transported by: car, van, chartered bus, chartered school bus, and/or public transportation as part of the program;
- I understand that the Recreation Center has no obligation to obtain medical treatment for the Minor. Should it become necessary for the Minor to have emergency medical care while participating in the Program;
- I hereby give the Recreation Center personnel my permission to use their judgement in obtaining medical care and;
- I give permission to the medical care provider selected by the Recreation Personnel to render medical care deemed necessary and appropriate; Except for the gross negligence or willful misconduct of the Recreation Center.

I (print name) _____ waive all rights of recovery which the Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles, Department of Recreation and Parks, North Weddington Recreation Center, its officers, against, employees and/or personnel, and I release, acquit, and forever discharge the City of Los Angeles, Department of Recreation and Parks, North Weddington Recreation Center its officers, agents, employees, and/or personnel, from and all liability for any bodily injury, emotional injury, or another personal injury, damage, loss or expense, claims, demands, causes of action, costs, loss of services or user, compensations, debts, monetary damages, including but not limited to attorney fees, which result from or are in any way connected with the Minor’s participation in the program or any related activities. I agree to keep the camp advised if I will be out of contact for any period of time during the program and provide additional and/or alternate contact information prior to me leaving; I also authorize North Weddington, City of Los Angeles, and the Department of Recreation and Parks to make, procure and/or use photographs, films, tapes, digital media recordings, or other likenesses of the Minor’s physical image and/or voice as for use with the Program and/or North Weddington’s publicity, marketing and/or advertising materials; I have read this agreement and I understand what it means to my legal rights and the Minor’s participation and by my signature made of my own free will and actions; I agree to abide by the rules and policies set forth in this registration and waiver release forms; I have read and understand the payment, refund, and conditions of enrollment policies as found in this registration form; I agree to be legally bound by signing this registration and waiver release forms and extend this binding to the Minor.

****IMPORTANT** Parent or Guardian Original Signature REQUIRED.**

Child’s Name (please print): _____

Date: _____

Parent/Guardian Name (please print): _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

City of Los Angeles – North Weddington Recreation Center- Health History Form

****IMPORTANT: Should anything happen to the camper that would alter their health history information after this form is submitted to the recreation center, please contact the facility immediately.****

Camper Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: _____
		Age: _____
Address:		
City: _____	State: _____	Zip Code: _____
Parent/Legal Guardian: _____		Best Contact #: _____
Doctor Name: _____		Phone #: _____

Has the Camper had any of the following? (please check all that apply)				
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> German Measles	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Mumps	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Headaches
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Fainting	<input type="checkbox"/> Constipation	<input type="checkbox"/> Stomach Upset	<input type="checkbox"/> Skin Rash
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Other: _____		

Month and Year of last immunization or booster:	
Tetanus: _____	Mumps: _____
Diphtheria (DPT): _____	Measles: _____
Whooping Cough: _____	German Measles: _____
Polio: _____	TB Test: _____ __ POSITIVE or __ NEGATIVE

Restrictions: (select one)
<input type="checkbox"/> I have reviewed the program and activities and feel the participant can participate WITHOUT restrictions.
<input type="checkbox"/> I have reviewed the program and activities and feel the participant can participate with the following restrictions or adaptations: _____

Allergies / Other: (please check all that apply)
<input type="checkbox"/> Bee Stings, Mosquitos, Etc.:
<input type="checkbox"/> Food (please be specific):
<input type="checkbox"/> Medication(s):
<input type="checkbox"/> Asthma (or hay fever):
<input type="checkbox"/> Other:

Has the participant received medical treatment during the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, Date: _____	Reason: _____

Is the participant currently taking any medications?: <input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Guardian Signature: _____

Date: _____

City of Los Angeles – North Weddington Recreation Center

Authorization to Consent to Treatment of Minor at Authorized Hospital in Case of Emergency Illness or Accident

I, the undersigned parent/guardian (print name) _____ (the minor), hereby
(Participant Name)

authorize the Recreation Staff of North Weddington as agent(s) for the undersigned to consent to 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 special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but it is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best conclusion of the event unless sooner revoked in writing and delivered to said agent(s).

Parent/Guardian Signature: _____

Date: _____

