



Drop-In Registration Form

Please print clearly in completing this form.

Recreation Center: _____ Date: _____

Participant Name: _____ Home Phone #: () _____

Date of Birth: Month _____ Day _____ Year _____ Age: _____ Gender: M F

Any Allergies / Medications: _____

Parent / Guardian Information:

Parent's Name: _____ Cell Phone #: () _____

Parent's Name: _____ Cell Phone #: () _____

I authorize the following persons to pick-up _____ with proper ID.

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

PARENT/LEGAL GUARDIAN CONSENT: I, the Parent/Legal Guardian of _____, hereby grant permission for my child(ren) to participate in the above named _____ and all activities therein. I affirm and recognize that there are risks, hazards and dangers that are integral to recreational activities and outdoor environments. I understand the nature of the 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 activities. I agree to relieve the CITY, its Boards, Officers, Agents, Employees, Assigns, and Successors from any liability for injury to me or my child(ren) resulting from and/or in connection with the activities in this program. I further agree to release and forever discharge the City from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my child(ren)'s participation. I understand that the CITY CARRIES NO INSURANCE. Medical bills, any subsequent treatment or care, including prescription drugs, will be the responsibility of the Parent or Legal Guardian. I affirm that I am the lawful parent/legal guardian of the above named minor and I understand and agree to the provisions of this consent and release as described in the preceding paragraph.

PHOTO RELEASE: The City of Los Angeles, Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape or video) of my child for promotion of City of Los Angeles, Department of Recreation and Parks' programs.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____