

**STUDIO CITY RECREATION CENTER CLASS REGISTRATION FORM**

All classes run for 8 weeks, unless otherwise noted  
 Make checks payable to: "City of Los Angeles - Department of Recreation & Parks"

Full Class Name: \_\_\_\_\_ Day/Time \_\_\_\_\_ Class Level: \_\_\_\_\_

Full Class Name: \_\_\_\_\_ Day/Time \_\_\_\_\_ Class Level: \_\_\_\_\_

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male:  Female:

1 - Parent/Guardian's Full Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

2 - Parent/Guardian's Full Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_@\_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Additional Pick-Up Contact: \_\_\_\_\_

AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE, WAIVER AND RELEASE OF CLAIMS AND  
 AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD PARTICIPANT.

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the above named child ("Minor") the opportunity to participate in this activity. (Print parent/guardian name: \_\_\_\_\_). The Undersigned, as the parent or legal guardian of the Minor, do hereby agree as follows: I AM AWARE THAT THERE ARE CERTAIN RISKS OF INJURY INHERENT IN THIS ACTIVITY. I will instruct the minor to abide by all safety regulations and to make reasonable precautions to minimized the risks of injury or damage arising from participation in this activity; I give my consent to have the minor participate in this class and I knowingly assume all responsibility for all risks of bodily injury, death or property damage which the minor may sustains as a result; I understand that THE CITY OF L.A. CARRIES NO INSURANCE also I UNDERSTAND THAT THE CITY HAS NO OBLIGATION TO OBTAIN MEDICAL TREATMENT FOR MINORS. Should it be necessary for the Minor to have emergency care while participating in the class, I hereby give the City personnel my permission to use their judgment in obtaining him/her medical care, and I give permission to the medical care provider selected by the City Personnel to render medical care deemed necessary and appropriate; EXCEPT FOR THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE CITY, I waive all rights of recovery which Minor or I may have now or in the future, whether known or unknown, against the City of Los Angeles or its officers, agencies or employees, and I release, acquit and forever discharge the City from any and all liability for any bodily injury or other injury, damage, loss or expense, claims, demands, causes of actions, money damages, costs, loss of services or use, compensation, debts, including attorney fees, which result from or are in any way connected with Minor's participation in this or any other city program or related activities. **I HAVE CAREFULLY READ THIS AGREEMENT.** I understand what it means and my signature below is my own free act. I intend it to be legally binding to include the minor (participant) and myself. I also acknowledge that I have read and understand the payment. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. By participating in our programs, patrons agree to allow the City of Los Angeles, The Department of Recreation and Parks, Studio City Recreation Center, and it's partners to use photographs, video and audio recordings or testimonials of participants for use in publicity materials free on any fee or usage charge.

**IMPORTANT: PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 PRINT Participant's Parent/Guardian Name                      SIGNATURE                      Child's Name                      Date

*In an effort to go green, Studio City Recreation Center staff will add your email address to our e-newsletter email list.  
 You will receive a copy of your receipt(s) and future information of our programs via email.*

**REFUND POLICY**

A Non-refundable 15% administrative fee will be assessed by the Recreation Center to any patron granted a refund, change or transfer per class or sports league registration. Full refunds will only be issued when a class or sports league is canceled by the Recreation Center.

**OFFICE USE ONLY**

DATE	RECEIPT NUMBER	PAID	AMOUNT	STAFF INITIALS
		Cash <input type="checkbox"/> Online <input type="checkbox"/> Check <input type="checkbox"/> Walk-in <input type="checkbox"/> Credit <input type="checkbox"/>		

Participant Name (Nombre del Participante) \_\_\_\_\_

**COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)** By my participation I am fully aware that there are a number of risks associated with me and/or my child 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 and/or my child to participate in RAP programs during this emergency period.

Therefore, without limitation, I understand that I and/or my child 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 child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry 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 and/or my child 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 me and/or my child's contraction of COVID-19.

Parent/Guardian Initials (Iniciales de Tutor/Guardián): \_\_\_\_\_

**AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)** My child, a minor, has my permission to participate in all the activities. 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 the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child 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 my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

Parent/Guardian Initials (Iniciales de Tutor/Guardián): \_\_\_\_\_

**CONSENT TO TREATMENT OF A MINOR (AUTORIZACIÓN DE TRATAMIENTO DE UN MENOR)** I, as the parent and /or legal guardian of the minor participating in this program, 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 diagnosis, 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 the minor is participating in, unless revoked sooner in writing and delivered to said agent.

Parent/Guardian Initials (Iniciales de Tutor/Guardián): \_\_\_\_\_