



Ramon Garcia Recreation Center

1016 S. Fresno St. Los Angeles, CA 90023

Phone: (323)265-4755

Garcia.recreationcenter@lacity.org



Class Registration Form

Participant Last Name: _____ Participant First Name: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: Male Female

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Cell Phone Number: _____ Alternative Phone Number: _____

Email: _____ Please add me to the Ramon Garcia RC Email List: YES NO

Emergency Contact: _____ Relation to Participant: _____

Emergency Contact Phone Number: _____ Alternative Phone Number: _____

Parent/Guardian Consent

I, the undersigned, give permission for my child, whose name appears above, OR myself, to participate in the Ramon Garcia RC class/activity. I understand the nature of the class/activity and the experience and capabilities required. I agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officer agents, and employees from any liability in connection with an injury in connection to this class/activity. I understand the Recreation Facility CARRIES NO INSURANCE. I understand that the City of Los Angeles Department of Recreation and Parks reserves the right to dismiss a participant for any conduct detrimental to the program.

I do hereby authorize Ramon Garcia RC as agent 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 is 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, where such diagnosis or treatment is rendered at the office of said physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of the program unless revoked sooner in writing and delivered to said agent.

Parent/Guardian Signature: _____ Date: _____

Refunds, Class Make-ups, & Video/Photo Release

I understand that no refunds will be issued to patrons making false statements on registration forms. Proof of statements may be requested. A non-refundable 15% administration fee will be assessed for any refunds, transfers, or changes. No refunds will be issued ONE week prior to the classes/programs start date. Full refunds will only be issued if the class is canceled by Ramon Garcia Recreation Center.

I understand that any class canceled by Ramon Garcia Recreation Center will be made up at the end of the session. The class will not be made up for the participant's absence, including reasons of illness. The fee will remain the same regardless of when a student registers and begins the class.

I also authorize the City to take, produce, or use photographs, film tapes, or other likenesses of Minor's physical image and/or voice as may be needed for use with the Program's publicity and marketing materials. I understand that my child may appear on social media for marketing purposes.

Ramon Garcia Recreation Center Administration reserves the right to cancel or combine any class due to low enrollment.

Parent/Guardian Signature: _____ Date: _____

PLEASE FILL IN ALL CLASSES THE PARTICIPANT IS ENROLLING IN

Name of Class	Session	Day	Time	Fee	Receipt # <small>(Office use only)</small>	Payment Type	Staff Initials

NOTE: A NEW APPLICATION WILL BE REQUIRED ON AN ANNUAL BASIS

City of Los Angeles Department of Recreation and Parks
SCHOLARSHIP APPLICATION FOR UNIVERSAL PLAY

Thank you for your interest in the Department of Recreation and Parks youth sports and fitness programs. The Department is committed to ensuring all kids have the opportunity to play. Please complete this form to request a scholarship to waive enrollment fees.

Facility/Region: Garcia RC Date: _____

Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Address: _____	City: _____	Zip: _____
Parent/Guardian Name: _____	Parent/Guardian Name: _____	
Parent/Guardian Employer: _____	Parent Guardian Employer: _____	
Home Telephone: (____) _____	Home Telephone: (____) _____	
Work Telephone: (____) _____	Work Telephone: (____) _____	

Briefly state the reason(s) you are requesting a scholarship or check any boxes that apply: _____

Annual Family Income

- Under \$25,000 \$25,000 - \$36,000 \$36,000 – \$45,000 \$45,000+

I certify that the information provided on this form is accurate and complete. I acknowledge that providing false information shall be ground for termination from the program.

Parent Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Director's Recommendation: Approve Deny

Original Fee \$ _____ Scholarship Applied \$ _____

Comments: _____

Director's Signature for Approval: _____ Date: _____