



# City of Los Angeles - Department of Recreation & Parks YOUTH CLASSES REGISTRATION FORM



Studio City Recreation Center  
12621 Rye St. Studio City, CA 91604  
Office: (818)769-4415  
studiocity.recreationcenter@lacity.org

## PLEASE PRINT CLEARLY

Use black or blue ink only.



### CHILD INFORMATION

First Name  Last Name

Date Of Birth       Age  Grade  Gender  Female  Male  
M M D D Y Y

Class Name  Day/ Time

Class Name  Day/ Time

Class Name  Day/ Time

Parent/Guardian Name  Phone Number

Home Phone  Work Phone  Cell Phone

Full Address  City

Zip Code  E-Mail

Emergency Contact name  Emergency Phone



### PHOTOGRAPH CONSENT

I hereby grant Studio City Recreation permission to take photographs, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either digital or in print, in perpetuity.

Yes  No



### PARENT/PARTICIPANT CONSENT

#### 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 minimize 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 sustain as a result; **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 understood 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, and Studio City Recreation Center to use photographs, video and audio recordings or testimonials of participants for use in publicity materials free on any fee or usage charge.

Date  Print Parent Name  Parent Signature

City of Los Angeles - Department of Recreation & Parks  
**YOUTH CLASSES REGISTRATION FORM**

Studio City Recreation Center  
12621 Rye St. Studio City, CA 91604  
Office: (818)769-4415  
studiocity.recreationcenter@lacity.org

 **COVID-19 ACCEPTANCE OF RISK AND WAIVER OF LIABILITY**

Child's Name  Date

**Pursuant to City of Los Angeles Ordinance No. 187219, beginning Monday, November 29, 2021, PROOF OF COVID-19 VACCINATION will be required for individuals eligible (ages 12 and over) for COVID vaccination to enter all indoor LA Parks facilities. All individuals that are eligible for COVID vaccination participating or entering an indoor facility must show PROOF OF COVID-19 VACCINATION. For those unable to provide PROOF OF COVID-19 VACCINATION, alternative programming is available. Information can be found here: [bit.ly/rapalt](https://bit.ly/rapalt).**

**COVID-19 ACCEPTANCE OF RISK AND WAIVER OF LIABILITY**

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 practice and/or conditioning 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.**

 **REFUND POLICY**

**REFUND POLICY:** A non-refundable 15% administration fee will be assessed by the recreation center for any patron granted a refund, change or transfer per class or sports clinic. No full refund will be issued unless the class or clinic is cancelled by the recreation center. Once the class or clinic has started I am aware that there will be no refunds . **Please initial**

 **AGREEMENT**

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.

**I acknowledge that I have read, understand, and consent to all of the policies and authorizations as listed on this document. By my and/or my child's participation I agree to follow and abide by these rules.**

Date  Print Parent Name  Parent Signature