

PECK PARK COMMUNITY CENTER

560 NORTH WESTERN AVEUE, SAN PEDRO, CA 90732

PHONE: (310) 548-0480 | E-MAIL:



NAME OF CLASS: _____ **DAY & TIME** _____ **RECEIPT #** _____ **POI**

CLASS REGISTRATION FORM

PARTICIPANT INFORMATION

Full Name: _____ **Date:** _____
LAST FIRST M.I.

Date of Birth: _____ **Age:** _____ **Grade:** _____ **Gender:** MALE FEMALE

Address: _____ **APARTMENT/UNIT #** _____
STREET ADDRESS

CITY STATE ZIP CODE

Parent / Guardian: _____ **Parent / Guardian:** _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____ **Email:** _____

Emergency Contact: _____ **Relation to Participant:** _____

Emergency Contact's Home Phone: _____ **Work/Cell Phone:** _____

PARENT/GUARDIAN CONSENT

I, the undersigned, give permission for my child, whose name appears above, OR myself, to participate in this Peck Park Community Center 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 finger printed volunteers from any liability in connection with any injury to myself or my child in connection with this activity. I understand that the Recreation Facility CARRIES NO INSURANCE. I understand that the City of Los Angeles Department of Recreation and Parks reserve the right to dismiss a participant for any conduct detrimental to the program.

I do hereby authorize Peck Park Community Center as agents 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.

VIDEO/PHOTO RELEASE

I authorize the City of Los Angeles Department of Recreation and Parks and Peck Park Community Center to make or use photographs, film, tapes, or other likeness of participant's physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

CHECK THIS BOX TO BE INCLUDED ON THE EMAIL LIST CHECK THIS BOX IF ADDRESS/PHONE NUMBER HAVE CHANGED

EXACT CHANGE WHEN PAYING CASH/ PLEASE MAKE CHECKS/MONEY ORDERS PAYABLE TO: CITY OF LOS ANGELES
FULL PAYMENT REQUIRED AT TIME OF REGISTRATION

NO REFUNDS UNLESS CLASS/ACTIVITY IS CANCELLED. A 15% CANCELLATION FEE WILL BE ASSESSED FOR ALL CUSTOMER INITIATED REFUNDS
NO CLASSES ON HOLIDAYS

Print Name: _____ **Signature:** _____ **Date:** _____