



Hoover Recreation Center
 1010 West 25th St. Los Angeles, CA 90007
 (213) 749-8896 | hoover.recreationcenter@lacity.org



After School Club Program Registration Form

Participant Information

First Name: _____ Last Name: _____
 Date of Birth (MM/DD/YYYY): _____ Current Age: _____ Gender: _____
 School they currently attend: _____ Grade: ____ Shirt Size: ____
 Are there any other nicknames your participant likes to go by?: _____

Parent/Guardian Information

Person #1

First Name: _____ Last Name: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____ Preferred method of contact: _____
 Address: _____ City: _____ State: ____ Zip Code: _____
 Relationship to Participant: _____ Additional Phone Number: _____
 Legal Custody of Participant?: __YES __NO Additional Comment: _____

Person #2

First Name: _____ Last Name: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____ Preferred method of contact: _____
 Check here if address is the same as person 1
 Address: _____ City: _____ State: ____ Zip Code: _____
 Legal Custody of Participant?: __YES __NO Notes: _____

Emergency Contact Information

Parents and/or guardians will be notified immediately of any emergencies or incidents. However, should we not be able to get a hold of you, please list two additional contacts. Please remember to notify the Recreation Center should you want to add or remove any of these contacts as soon as possible!

Contact #1

First Name: _____ Last Name: _____
 Cell Phone: _____ Home Phone: _____

All programs are subject to change or cancellation. Achieving gender equality through a continuous commitment to girls and women in sports. Programs are offered on a First-come, first-served basis. Payments must be made no later than the first day of the month. Persons with disabilities are welcomed to participate in our classes and programs. Reasonable accommodations will be made with prior arrangements. Please be aware that some accommodations may take 30 days or longer. Programs and classes are subject to change or cancellation without notice. No refunds will be issued unless the program is canceled by the recreation center.



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Emergency Contact Information Continued

Relationship to Participant: _____ Notes: _____

Contact #2

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Relationship to Participant: _____ Notes: _____

Pick Up Authorization

The following individuals have my unrestricted permission to pick up and sign out the program participant without any additional confirmation from me. Photo identification is required upon picking up the participant. Please remember to notify the Recreation Center should you want to remove any of these contacts' permissions to pick up and sign out your participant as soon as possible!

Pick Up Person #1

First Name: _____ Last Name: _____

Cell Phone: _____ Relationship to Participant: _____

Pick Up Person #2

First Name: _____ Last Name: _____

Cell Phone: _____ Relationship to Participant: _____

Pick Up Person #3

First Name: _____ Last Name: _____

Cell Phone: _____ Relationship to Participant: _____

Pick Up Person #4

First Name: _____ Last Name: _____

Cell Phone: _____ Relationship to Participant: _____

Name(s) of person(s) specifically **NOT** authorized to pick-up the program participant:

Please note that no changes (additions/removals, etc.) will be made to this list via phone request. All changes to this list must be done in person to verify identity. Please be ready to show your I.D. to confirm your identity to our Recreation Center Management Team. NO Exceptions!

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Policies, Waivers, and Rules

Participant's Full Name: _____

Authorization to Participate:

My participant, a minor, has my permission to participate in all of 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 participants. 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 and Parks, its officers and agents and employees from any injury to my participant in connection with this program. I further understand that the City of Los Angeles Department of Recreation and Parks CARRIES NO INSURANCE.

I understand that by enrolling my child(ren) in this program, I agree to allow the City of Los Angeles Department of Recreation and Parks and Hoover Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge unless otherwise notified.

Parent/Guardian Initials: _____

Policies, Waivers, and Rules Continued

Consent to Treatment of a Minor

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 and Parks to act as agents for the undersigned to consent for any x-ray examinations, 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: _____

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Refund Policy

NO REFUNDS ARE GRANTED ONCE PROGRAM BEGINS. A 15% fee will be assessed by the Recreation Center for any patron granted a refund, change, or transfer per class, program, or sports league registration. No full refund will be issued unless a class, program, or sports league is canceled by the Recreation Center. **NO EXCEPTIONS!**

Parent/Guardian Initials: _____

Program Participation Rules

1. Participants may be required to provide proof of age due to age limit restrictions.
2. Program hours are 2pm-6pm (with the exception of LAUSD Early Dismissal on Tuesdays) Participants must be picked up by 6pm or you will incur a \$15 late fee and pay \$1 per minute after 6:15pm. Please call to let us know you are late.
3. The Wednesday prior to the activity beginning is the deadline for refunds. No refunds will be granted after an activity begins. Refunds will not be issued unless the program is canceled by the Recreation Center. A 15% administrative fee will be assessed by the City of Los Angeles Department of Recreation and Parks for any patron granted a refund. All refund requests must be submitted by email or in person on a Refund Request Form. There will be no refunds or credits issued for missed days, missed field trips etc. There are no credits or make-up days for missed days. Please note there is no program for your child if they decide they do not want to attend field trip days or if they miss the bus on field trip days. Should your child not attend the field trip, they will need to be taken home by a Parent, Guardian, and/or an authorized person. There is no programming available on-site on field trip days. **NO EXCEPTIONS!**
4. Dress Code:
 - a. Participants should wear clean clothing everyday.
 - b. Participants should wear comfortable **closed toe** shoes with socks everyday.
 - c. Participants should wear layers to shield them from the varying temperatures.
5. Photo Release: By registering to this activity, you authorize the City of Los Angeles to make, procure or use photographs, films, tapes or other likeness of Minor's physical image and/or voice as may be needed for use with Program's publicity materials.
6. The facility is NOT responsible for lost or stolen articles. We recommend labeling your participants belongings in case items are lost. If an item is lost, please check the Lost and Found bin located at Hoover Recreation Center. No electronics or valuables should be brought to the program.
7. Registration is offered on a first-come, first-served basis and there are limited spots available. We cannot hold spots, and cannot guarantee that your child will receive a space unless payment is made before the program begins.

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Program Participation Rules Continued

- 8. Program Participants who have (3) or more unexcused absences, are subject to being dropped from the program and a new participant from the waiting list will take their place on the program roster. Please communicate with the Program Instructor, Staff, or Program Director when your child needs to miss a day.
- 9. No firearms, weapons, or illegal substances are allowed on the property by anyone including Participants, Parents, Guardians, Authorized Pick Up Persons, or their guests. The possession of these items are grounds for immediate expulsion and/or prosecution of the Participant, Parent, Guardian, Authorized Pick Up Person, or their guests to the fullest extent of the law.

I acknowledge that I have read and understand all of the policies as listed on this Registration Form. By my participants' participation, I agree to follow and abide by these rules.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Participant's Medical Information

Should any of your participant's medical information change, please contact the Recreation Center to ensure that the information below is up to date and readily available in case of an emergency.

Medical Insurance Provider: _____ Policy #: _____

Primary Physician's Name: _____ Phone#: _____

Primary Dentist's Name: _____ Phone#: _____

List any allergies: _____

List all Participant's Medications: _____

Conditions and/or behaviors that we should be aware of in case of a major emergency:

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Medical History

Please if your participant has or has had any of the following:

- | | | |
|-------------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Colds (Frequent) | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Sinus Issues |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Skin Rashes |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insulin Condition | <input type="checkbox"/> Stomach Issues |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Eye Conditions | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Whooping Cough |

Other/Notes: _____

Year of Last Immunization or Booster: _____

Has the participant received any medical treatment in the past year: _____

On what date did this medical treatment occur: _____

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

Shadow / One-on-One Aides

If there are any special needs your child may have due to diagnosed medical condition (i.e. Autism, ADD, ADHD), we need to be aware of them in order to assure proper care for your child. Some conditions may require a one-on-one provided by the family or state. Participants who require a Shadow/One-on-One aide during the academic school year, are required to have a One-on-One. Hoover Recreation Center does not provide one-on-one supervision; all activities are group activities. ALL assistants MUST be fingerprinted and cleared by the City of Los Angeles Department of Recreation and Parks prior to working. Clearance can take between 4-8wks, so please plan accordingly. Please see the office for supplemental paperwork if your child will require an aide. I have read and understood the above policy if my child requires a One-on-One aide.

Signature of Parent/Guardian: _____ **Date:** _____

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FOR OFFICE USE ONLY

Select the weeks that are paid and note the Receipt Number for each month. Staff, please print your name in the “Received By” section when you take payment.

RECEIPT #	AMOUNT	RECEIVED BY	DATE	NOTES

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