



After School Club Registration Form 2024-25

Student's Information (please print)

Last Name _____ First Name _____

Date of Birth ____ / ____ / ____ Age: _____ Female Male

School _____ Grade _____ Room # _____

Do you have a sibling in After School club? Yes No If yes, Name _____

Address _____ City _____ Zip _____

Parent/Guardian: _____ Legal Custody: Yes No

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian: _____ Legal Custody: Yes No

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Authorized Pick-Up and Emergency Contact List (must be 18 & over)

Only people listed on the authorized pick-up list will be allowed to sign your child out of the program. **Any changes must be made IN PERSON.** In case of emergency Parents/Guardians will be contacted first. If Parents/Guardians cannot be reached, we will then call the people listed below in the order listed.

Name _____ Relationship: _____ Phone: () _____

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Name _____ Relationship: _____ Phone: () _____

Name _____ Relationship: _____ Phone: () _____

Parent/Guardian Signature _____ Date ____ / ____ / ____

Health History Information

Does your child have any allergies? YES NO

If yes, please list _____

Is your child on medication? YES NO

If yes, please list _____

Does your child have any physical activity limitations? YES NO

If yes, please list _____

Does your child have any conditions or behaviors that we should be aware about? YES NO

(e.g. Autism, ADD, ADHD, Trauma, etc.) If yes, please list _____

Has your child received any medical treatment during the past year? YES NO

If yes, reason _____

Has your child had any of the following? (Please check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Fainting | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> German measles | <input type="checkbox"/> frequent colds | <input type="checkbox"/> frequent nose bleeds |

Other (please explain) _____

Immunization Record Requirement Waiver

I hereby request exemption of the child, named above, from the immunization requirements for attendance of the camp because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

Parent/Guardian Name (Please print) _____ Date _____

Internet Policy

Internet Use by Minors

Supervision of a child's use of the Internet is the responsibility of a parent or legal guardian. The Department of Recreation and parks has created home pages for children and young adults that provide information and links to other web sites designed for children and young adults. It is at the discretion of the parents or legal guardian which sites can be viewed. Violation of these guidelines may result in suspension of computer privileges or even prosecution. Unlawful activities will be reported to the park Rangers or the Los Angeles Police Department and will be dealt with in an appropriate manner.

I have read and reviewed the Department of Recreation and Parks Policies and Guidelines on the Internet/Information Services. By signing this form, I agree by the Guidelines currently in place and I agree to review periodically any changes or modifications. I recognize that the law and associated policy regarding the use of Internet, electronic mail and the City's Intranet web page (<http://rapintra/policies/internet/index.htm>) and can be accessed from the computer located in the office.

Parent/Guardian Name (please print) _____

WAIVER RELEASE

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

In consideration of the City of Los Angeles acting through its Department of Recreation and Parks granting the below named minor child ("Minor") the opportunity to participate in Van Ness After School Club ("Program"), I, (print name) _____, the undersigned, as parent or legal guardian of the Minor, do hereby agree as follows: (please initial the following)

- _____ **I am aware that there are certain risks of injury and/or damage inherent in the Program activities.**
- _____ **I understand that if my child misbehaves and/or is sick and needs to be sent home, I agree to pick her/him up at the time requested by camp staff.**
- _____ **I agree to complete the camp health history form** providing Minor's current, complete and truthful health history, including immunization history and overall physical, mental and emotional health status. Under certain medical conditions, I understand that Van Ness RC may require a written authorization based on a physical examination by a licensed medical person as a requirement for the Minor to participate in the Program. To the best of my knowledge and belief, Minor is neither subject to a physical or mental infirmity nor under the influence of any medication nor other substance which might hinder his/her safe participation in the program.
- _____ **I will instruct Minor to abide by all safety regulations** and to take reasonable precautions to minimize the risks of injury or damage arising from participation in the Program.
- _____ **I give my consent to have Minor participate in all aspects of the Program** and I knowingly assume full responsibility for all risks of bodily injury, death or property damage which Minor may sustain as a result.
- _____ **I understand that the City at its sole option but without obligation may procure insurance** to cover all or part of such medical expense incurred by Minor. Accordingly, I understand and agree that any cost incurred for such treatment which is not covered by insurance shall be my sole responsibility.
- _____ **I also authorize the City to make, procure or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice** as may be needed for use with Program's publicity materials.
- _____ **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 personal injury, damage, loss or expense, claims, demands, causes of action, 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 the Program or any 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 on Minor and myself. I also acknowledge that I have received the Parent Handbook and agree to the terms and policies described therein.

My child, (print name) _____, a minor has my authorization to participate in field trips as associated with **VAN NESS' AFTER SCHOOL CLUB**, and all activities therein (including chartered bus trips, metro bus trips, swimming trips, and walking trips), and consent to my child participating in all field trips that I have paid for. I further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned as the parent/guardian of the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and/or licensed under the provisions of the Medicine Practice Act and on the medical staff of the licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.

Minor's Name _____

Parent's Name (Please print) _____

Parent's Signature _____

Date _____

AFTER SCHOOL CLUB 2024-2025 PAYMENT LOG

STUDENT'S NAME _____

SCHOLARSHIP AWARDED YES [] NO [] AMOUNT OF DISCOUNT \$ - _____

REGISTRATION FEE: \$25.00 RR# _____ Date Paid _____ Received by _____

MONTH	Amount Paid	RR#	Date Paid	Staff Initials		Field Trip	Fee	RR#	Staff Initials
August									
September									
October									
November									
December									
January									
February									
March									
April									
May									
June									