

VAN NESS R.C. CLASS REGISTRATION FORM

PLEASE FILL IN FORM COMPLETELY AND RETURN IT WITH PAYMENT BY DEBIT OR CREDIT CARD (VISA OR MASTERCARD)

(ADULT) FIRST NAME: _____ (ADULT) LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

SESSION: WINTER

SPRING

SUMMER

FALL

PARTICIPANTS NAME	AGE	DATE OF BIRTH	GENDER	CLASS (i.e. Tennis)
1.				
2.				
3.				

Participants must have reached the minimum age (5 Years) by the first day of class. We reserve the right to ask for proof of age.

Parent/Guardian Consent

I understand the nature of these activities and the rigors they entail. I, the undersigned, also realize the capabilities and limitations of the cooperating minor. I believe the said minor to be in proper physical condition to partake in such activities. I agree to relieve the City of LA Department of Recreation and Parks, its officers, agents, and employees from any liability in connection with any injury to my child in connection with these activities.

Refund Policy

Refunds will be given up to the day prior to the first class meeting ONLY. A 15% fee will be deducted from your refund, per class, per enrollee. There will be NO Refunds once the class has started, unless the class is changed or cancelled by the recreation center.

Photo Release

The City of Los Angeles, Department of Recreation and Parks or its assigned agents has my permission to use images (digital, film, tape, or video) of my child for promotion of Van Ness RC or Department programs. I have read and understand the consent, refund policy and photo release.

Parent/Guardian Signature: _____ Date: _____

Office use only: Receipt # _____