



City of Los Angeles Department of Recreation and Parks Encino Community Center

4935 Balboa Blvd. Encino CA, 91316 • Phone: (818) 995-1690

Email: Encino.communitycenter@lacity.org



Class Registration Form

Adult (please fill out completely)

Last Name _____ First Name _____ Birthdate ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Cell () _____ - _____ Home () _____ - _____ Work () _____ - _____

Emergency Contact

Name _____ Phone () _____ - _____ Relation _____

Name _____ Phone () _____ - _____ Relation _____

List Your Class Choices Below

Participant's Name	Birthday	Sex	Class Title	Day	Time	Fee
						\$
						\$
						\$
						\$
						\$

For Staff Use Only:

Make check or money order payable to: "L.A. City Dept. of Rec. & Parks" Credit Cards Accepted

Receipt Number	Date	Staff Name	Total Paid

ACKNOWLEDGEMENT OF POLICIES and RELEASE OF LIABILITY

Participants must have reached the minimum age for classes by the first day. Proof of age may be required.

LIABILITY & MEDICAL ATTENTION

I, the undersigned, agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents, and employees from any liability from injuries to myself and/or any above listed participant in connection with activities in this program. I also 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 surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a 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, etc., 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. I understand that the Park carries NO INSURANCE.

PHOTO RELEASE

By registering I agree to allow the City of LA Department of Recreation & Parks, Encino Community Center, it's agents and assigned representatives to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option for myself or my child(ren) to be excluded.

REFUNDS

I understand that there are NO REFUNDS or Transfers of Registration Fees. A non-refundable 15% administration fee will be assessed per participant for any refund, change, or transfer between classes. No full refund will be issued unless the class is cancelled by Encino Community Center. Refunds will NOT be granted to any person making false statements on registration forms. Refunds can take from 4-8 weeks to be received.

CLASS MAKE-UPS

I understand that any class that is canceled by Encino Community Center will be made up at the end of the session. Class WILL NOT be made up if I, or any, above named participant is absent; including reasons of illnesses. Regardless of when a student registers and begins a class, the fee remains the same.

Encino Community Center Administration reserves the right to cancel or combine any class due to low enrollment.

I have read and understand Encino Community Center's RELEASE OF LIABILITY, PHOTO RELEASE, REFUND, AND CLASS MAKE-UP policies & procedures.

Signature _____

Print Name _____

Date _____