

BELLEVUE RECREATION CENTER

CLASS REGISTRATION INFORMATION

ACTIVITY NAME: _____ SESSION: _____ ACTIVITY #: _____

PARTICIPANT NAME: _____

AGE: _____ BIRTHDATE _____

PARENT NAME _____ RELATIONSHIP _____

Home Phone (____) _____ WORK PHONE (____) _____
cell Phone (____) _____

Home address: _____

Email address: _____

IN CASE OF AN EMERGENCY, CONTACT:

NAME _____ RELATIONSHIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

NAME _____ RELATIONSHIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the _____ program. I understand the nature of this activity and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such activity. **I agree to relieve the City of Los Angeles Department of Recreation & Parks, its officer agents and employees from any liability in connection with any injury to my child in this league.** I understand that the Recreation Facility **CARRIES NO INSURANCE.** I, the undersigned parent of _____ a minor, do hereby authorize **Bellevue staff** 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, whether such diagnosis or treatment is rendered at the office of 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 extreme 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.

Date

Parent Signature