



# Activity Registration Form

Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
*(Adult/Parent/Guardian)*

Address: \_\_\_\_\_  
*(Street) (City) (State/ZIP)*

Phone Number: ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
*(Home) (Cell) (Emergency)*

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*(mm/dd/yyyy)*

Class/Activity/ Sport Name	Participant Last Name	Participant First Name	Sex M/F	Birth Date	Fee
					\$
					\$
					\$
					\$
					\$

TOTAL FEE: \$ \_\_\_\_\_

I give permission for the minor in my custody to participate in the above mentioned program/activities and hereby waive, release and discharge any and all claims of the right to claim for damages for death, personal injury or property damage which may have, or which may hereafter occur to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the City of Huntington Park, its officers, employees, agents, game officials, managers and coaches from and against any and all liability arising out of or connected in anyway with said minor's participation in said activity, even though that liability may arise out of negligence of carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during said activity, and that participants of such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as consequence thereof: Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the person's entities mentioned above who, through negligence and carelessness, might otherwise be liable to me, or my heirs or assigns for damages. I further permit the use of activity/event photography and/or video taping for promotional use of the City of Huntington Park's Web site, brochures and public television. It is further understood and agreed that this wavier, release and assumption of risk are to be binding on my heirs and assigns. I agree to accept and abide by the rules and policies of the City of Huntington Park, Department of Parks & Recreation. This authorization shall remain in effect for all activities related to the above unless otherwise individuated or revoked in writing and delivered to said agent. The undersigned agrees that this Agreement, Release and Indemnity is intended to be as broad and inclusive as permitted by the laws of the State of California, and that if any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I SIGN IT BY MY OWN FREE WILL.

Participant's name: \_\_\_\_\_  
*(Parent or legal guardian for participants under 18 years old)*

Participant's signature: \_\_\_\_\_  
*(Parent or legal guardian for participants under 18 years old)*

Date: \_\_\_\_\_

**\*\*Make check(s) or money order payable to: City of Huntington Park\*\***

FOR OFFICE USE ONLY		
	Yes	No
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Code of Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Immunization	<input type="checkbox"/>	<input type="checkbox"/>
Check #	_____	
Money Order #	_____	
Visa or MasterCard (circle one)	_____	
Receipt #	_____	

## CONSENT TO TREATMENT

The undersigned hereby authorizes the City of Huntington Park, in the event of an emergency as agent for the undersigned, to consent to any 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 special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or legal guardian for participants under 18 years old))

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Pertinent medical problems (epilepsy, diabetes, allergies) please list and explain all:

---

---

---

---

---

## REFUND POLICY

- No refunds after the second class meeting.
- No refunds 48 hours prior to the first class meeting (for 1 day classes only).
- No refunds after second team practice (youth sports only).
- No refunds less than one calendar week prior to first league game (adult sports only).
- 100% refund for cancellation due to medical reason with doctor's note, or for class cancelled by city.
- For facility reservation cancellations, please refer to the Facility Rental Information Policy (Cancellations Section)
- 100% refund minus \$5 processing fee per transaction for any cancellation

**\* NOTE: All refunds must be requested in-person at the Department of Parks & Recreation and in accordance with all refund policies.**

*I have read and fully understand the Department's Policy as it relates to Refunds.*

Participant's Signature: \_\_\_\_\_  
(Parent or legal guardian for participants under 18 years old)