



CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

CLASS PARKS

TEEN CLUB



SCAN ME
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TEEN CLUB

Ages 11-17 years



Drop-in Program • FNET (Friday Night Extreme Teens)
Field Trips • Fundraising • Leadership Opportunities
Adventure Program • Teen Camp • Special Events
YEIP (Youth Employment Internship Program) • Classes
Workshops • Intramural Sports • Teen Advisory Board

Registration Packet



CLASS Parks Headquarters

3900 Chevy Chase Drive
Los Angeles, CA 90039

Phone: (818) 243-2490

Web: www.laparks.org/classpark

Email: classsparks@lacity.org

About Teen Club

Teen Clubs serve as an introduction and gateway to new and exciting teen experiences and opportunities available to CLASS Parks Teen Club members.

Mission / Overview

CLASS Parks Teen Club provides space and opportunity for teens to:

- Feel safe and respected
- Access vocational and educational resources
- Cultivate Leadership traits
- Participate in a positive peer culture
- To have fun

Drop-In Program Please see your site's Teen Club Schedule for drop-in days and times.

During the center's designated drop-in times the program offers youth; music, recreational activities, board games, group games, sports activities, visual tools, reading and writing materials, a homework study area, and more.

The staff takes an active role to ensure that participating youth are consistently progressing through every stage of adolescent maturity. CLASS Parks strives to cultivate youth who are independent, confident, leaders, and possess integrity.

Opportunities

Teen Centers provide opportunities to participate in a wide variety of CLASS Parks Programs such as; (FNET) Friday Night Extreme Teen Events, (YEIP) Youth Employment Internship Programs, The Adventure Program, Intramural Sports, classes and workshops, field trips, special events, teen camp, and so much more. Check-in with your local center for details.

Teen Advisory Board

Teen Advisory Board (TAB) was established to encourage and involve teens in experiences that have a focus on community, civic responsibility, and their contribution to the broader good. This will be accomplished by allowing CLASS Parks teens an opportunity to be actively involved in the selection and planning of various community activities, events, and service projects.

Thank you from the CLASS Parks Team!





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TEEN CLUB APPLICATION

T-SHIRT SIZE					
XS	S	M	L	XL	2XL

Recreation Center _____ Date _____

PARTICIPANT'S INFORMATION

NAME	AGE	BIRTHDATE (mm/dd/yyyy)	GENDER
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ADDRESS (Street, City, State, Zip)

EMAIL ADDRESS	CELL / HOME PHONE
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What grade are you in? _____ What school do you attend? _____

Who is your counselor? _____ Phone () _____

Are you on formal probation? _____ Yes _____ No _____

If yes, Probation Officer Name _____ Phone () _____

What do you want to get out of Teen Club? _____

What is something you would like to do that you have never done before? _____

PARENT/GUARDIAN INFORMATION

NAME	RELATION	CELL / HOME PHONE	EMAIL ADDRESS
NAME	RELATION	CELL / HOME PHONE	EMAIL ADDRESS

I HERE BY AUTHORIZE THESE ADDITIONAL PERSONS TO PICK UP MY CHILD AND TO BE CONTACTED IN CASE OF AN EMERGENCY

NAME	RELATION	CELL / HOME PHONE
NAME	RELATION	CELL / HOME PHONE
NAME	RELATION	CELL / HOME PHONE

Instructions: Make the appropriate selections for the following:**RACE** - Select one of the following 10 categories

Place an X to the left of the appropriate box

1. American Indian or Alaska Native	6. American Indian or Alaskan Native AND White
2. Asian	7. Asian AND White
3. Black or African-American	8. Black/African-American AND White
4. Native Hawaiian or Other Pacific Islander	9. American Indian/Alaskan Native AND Black/African American
5. White	10. Balance / Other

ETHNICITY - Select one**GENDER** - Select one

Place an X to the left of the appropriate box

Hispanic/Latino	Male	Non-Binary
Not Hispanic/Latino	Female	Prefer not to disclose



TEEN CLUB APPLICATION *continued*

MEDICAL INFORMATION

Insurance Provider (Medical Plan) _____ Policy # _____

Physician Name _____ Phone () _____

Dentist Name _____ Phone () _____

Is teen on medication? _____ Yes _____ No - If yes, please list medication below.

Medication _____ Amount _____ Frequency _____

Medication _____ Amount _____ Frequency _____

List any major illnesses, allergies, medical conditions, or behaviors we should be aware of in case of a major emergency _____

List reason for limitations of physical activities (if any), _____

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENTS(S).

AUTHORIZATION TO PARTICIPATE

My child, a minor, has my permission to participate in all CLASS Parks Teen Club activities therein (including bus, van, or walking trips). I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games, sports, water play, and swimming activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

PARENT INITIALS _____

PHOTO / MEDIA RELEASE

The City of Los Angeles Department of Recreation and Parks, its agents and assigned representatives, has my permission to use the image (digital, film, and/or audio) of my child, a minor, for the promotion of the department programs and/or events via any City of Los Angeles media platform (audio, film, internet, print, and/or social media).

I also give permission for my child's first name to be used: Yes No

(Should this child's image be used on our department website, or any social media outlets, their name will not be included).

PARENT INITIALS _____

CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/surgeon licensed under the provisions of the Medicine Practice Act 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. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

PARENT INITIALS _____

I acknowledge that I have read and understand all of the policies in the program handbook and as listed on this application. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program.

Parent/Guardian (**Signature**)

Parent/Guardian (**Print Name**)

Date

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CLASS PARKS

TEEN CLUB

Rules, Regulations, & Expected Conduct

As an integral part of the CLASS Parks Teen Program, participants are implicitly expected to conduct themselves in a respectful manner and are to abide by the policies and practices set forth in this contract and the program manual. Respectful behavior is expected throughout the program and disrespectful behavior of any type will not be tolerated. Teens are to arrive to the club each day with a positive attitude with the desire to learn, grow, and be a team player.

As the participant of the Teen Program;

1. I will participate in all activities with a positive attitude at all times.
2. I will demonstrate respect for all cultures, opinions, and viewpoints.
3. I will not argue with staff upon being asked for assistance in setting up, cleaning up, or anything else within reason.
4. I will be respectful with the use of facility equipment and materials.
5. I will follow all teen club computer work station rules and will use the computers appropriately only for assigned programs and other permitted activities approved by the CLASS Parks staff.
6. I will report any lost or damaged materials and/or equipment to the Teen Club staff.
7. I will immediately inform park staff if I become aware of a problem at the site.

I understand that, the following behavior will NOT be permitted or tolerated under any circumstances:

1. Abusive, racial, profanity, and/or foul language.
2. Sharing material that is hate speech, sexually explicit, or violent, bullying in any form, including cyber-bullying, or sending discriminatory or harassing digital communications.
3. Disobeying program rules, defiance, refusal to listen and follow instructions, or any other type of misconduct.
4. Fighting and/or putting hands on any person at any time (i.e. striking, pushing, grabbing, etc.).
5. Gossip, spreading rumors.
6. Sexual Harassment.
7. Immoral conduct.
8. Stealing, Vandalism.
9. Use or possession of weapons, alcohol, drugs, cigarettes, and/or vapes will be cause for dismissal from the program.

As the parent of the above-named participant;

1. I agree to support the stated policies, procedures, and discipline practices concerning my child.

I have read, understand, and agree to abide by the stated policies, procedures, and practices stated in the program handbook, registration application and above listed rules and regulations. I further understand that a failure to comply with program rules and/or the breaking of program policy may be grounds for immediate disciplinary action and/or dismissal from the program and forfeiture of all benefits afforded through participation.

Applicant Name (please print) _____

Applicant Signature _____ **Date** _____

Parent/Guardian Name (please print) _____ **Relation** _____

Parent/Guardian Signature _____ **Date** _____

