

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS



 ${\sf Good\ Sportsmanship\ is\ Everyone's\ Responsibility\ ...\ Be\ a\ Good\ Sport}$

SPORTS REGISTRATION FORM (ENGLISH VERSION)
Lafayette Community Center, 625 Lafayette Park Pl., Los Angeles CA. 90057

SPORT: BASKETBALL BASEBALL DIVISION: ROOKIES: 5-6 PEE WEES: 7-8 SOCCER FOOTBALL GPLA: MINORS: 9-10 MAJORS: 11-12 JUNIORS: 13-15						
Please check uniform size: YS YM YL AS AM AL AXL AXXL						
P L	Last Name		!	First Name	[□ Male □ Female
A	Birthdate/_	_/ Age	GradeSchool	ol		
E R	Are you a returning	j player? □ Yes □	No If yes, Team nam	e:	Division:	
G E	Address:		City	:	Zip Code	
N E	Parent/Guardian:_			Hor	ne Phone:	
R	Work Phone:		Cell Phone:	E-r	nail:	
A L	Parent/Guardian			Hom	ne Phone:	
	Work Phone:		Cell Phone:	E-r	nail:	
	Emergency Contac	ct Name		Hon	ne Phone	
	Work Phone		Cell Phone		E-mail	
			se check below if you a Coach □ Assis		of the following Volunteer	
			PARENT	CONSENT FORM		
I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the <u>LAFAYETTE COMMUNITY CENTER</u> athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors 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 and Parks, its officer agents and employees from any liability in connection with any injury to my child in connection with this activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.						
I, the undersigned parent of,a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks as agents for the undersigned 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 exercise 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.						
I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.						
PARENT / GUARDIAN SIGNATURE: DATE:						
PARENT'S OATH TO KIDS I promise to demonstrate good sportsmanship by being a positive role model and encouraging all participants to play and have fun while supporting all teams in victory and defeat.						
PARENT / GUARDIAN SIGNATURE: DATE:						
	RECEIPT #	AMOUNT	RECEIVED BY: (STAFF INITIAL)	AGE VERIFIED: (STAFF INITIAL)	COVID-19 VACCINE VERIFICATION DATE	STAFF VERIFIYING

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY:

BE A GOOD SPORT

PLAYER'S CODE OF CONDUCT:

I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PLAYER PARTICIPATING IN THE DEPARTMENT OF RECREATION AND PARKS SPORTS PROGRAM BY FOLLOWING THE PLAYER'S CODE OF CONDUCT.

- 1. I WILL play by the rules and never argue or complain about the official's decisions.
- 2. I WILL be a role model of good sportsmanship and character. I will meet my responsibilities to the coach and the team.
- 3. I WILL play for the fun of it and do my best to make sure that the game is fun for all participants.
- 4. **I WILL** demonstrate fair play and sportsmanship. I will treat participants, coaches, recreation administrators, and the public with respect as I would like to be treated.
- 5. **I WILL** make only positive, encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents, and officials.
- 6. **I WILL** remember that the goals of the game are to have fun, improve skills, and feel good about playing. I will not take the game of myself too seriously. I will control my temper.

I WILL WORK EQUALLY HARD FOR THE TEAM AS FOR MYSELF, AND WILL ALWAYS GIVE MY BEST EFFORT.

SIGNATURE OF PLAYER:	DATE:

PARENT'S CODE OF CONDUCT:

I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PARENT/GUARDIAN OF A CHILD PARTICIPATING IN THE DEPARTMENT OF RECREATION AND PARKS SPORTS PROGRAM BY FOLLOWING THE PARENT/GUARDIAN'S CODE OF CONDUCT.

- 1. I WILL place the emotional and physical well-being of the children above any personal desire to win. I will help my child understand the valuable lessons sports can teach.
- 2. **I WILL** be a role model of good sportsmanship and character. I will help my child meet his/her responsibilities to the coach and the team.
- 3. I WILL do my best to make sure that the game is fun for all participants. I will remember not to take the game or myself too seriously.
- 4. **I WILL** lead by example in demonstrating fair play and sportsmanship to all participants. I will treat participants, coaches, recreation administrators, and the public with respect.
- 5. **I WILL** help maintain a sports environment for all participants that is free of drugs, tobacco, and alcohol. I will refrain from their use at all youth sports events.
- 6. I WILL make only positive and encouraging comments to players on both teams. I will not interfere or coach from the stands.
- 7. **I WILL** remember that I am a youth sports parent and that the game is for children and not adults. Accordingly, I will encourage my child to play sports by providing a supportive atmosphere, but not pressure them.
- 8. I WILL discuss the significance of this code with my family members.

I UNDERSTAND THE PENALTIES FOR NOT A	ADHERING TO THIS CODE	OF CONDUCT RANGE	FROM A VERBAL	WARNING TO
EXPLUSION FROM THE ACTIVITY				

SIGNATURE OF PARENT:	DATE:
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CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport

PARTICIPANT NAME (NOMBRE DEL PARTICIPANTE)
COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad) By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants se forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On health of several for additional participation and serious period are provided to the participation of the par
On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to m and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnifi and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19. (Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su meno acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o as u menor acompañado participar en los programas de RAP durante este período de emergencia. Por lo tanto, sin limitació
infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte. En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19 tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otro representantes, y sus sucesores y asignados (colectivamente, los "Representantes de la Ciudad"), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevista (colectivamente, "Daños") como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contracción de COVID-19 de usted y / o su menor acompañado.)
PARENT / GUARDIAN INITIALS (INICIALES DE TUTOR / GUARDIAN)
AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR) My child, a minor, has my permission to participate in all the activities. 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 and sports activities and I am aware of the minor 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 Cit 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 Cit of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE. (Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividade deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad de Los Ángeles, el Departamento de Recreación y Parques, sus oficiales y agentes y empleados de cualquie lesión a mi hijo en relación con este programa. Además, entiendo que el Departamento de Recreación y Parques de la Ciudad de Los Angeles NO OFRECE SEGURO.)
PARENT / GUARDIAN INITIALS (INICIALES DE TUTOR / GUARDIAN)
PROOF OF COVID-19 VACCINATION I AGREE Pursuant to City of Los Angeles Ordinance No. 187219, beginning Monday, November 29, 2021, PROOF OF COVID-19 VACCINATION will be required for individuals eligible for COVID vaccination to enter all indoor LA Parks facilities. All individuals that are eligible for COVID vaccination participating or entering an indoor facility must show PROOF OF COVID-19 VACCINATION. For those unable to provide PROOF OF COVID-19 VACCINATION, alternative programming is available. Information can be found here: bit.ly/rapalt. All individuals 12 years and older must be fully vaccinated by November 29th to continue participating in indoor programming at recreational facilities or to enter LA Parks facilities. Children ages 5 to 11 years old are not subject to the ordinance at this time. Those ages 5 through 11 participating in moderate to high risk INDOOR programming are still subject to providing negative Covid-19 tests weekly. Children and adults 12 years and older that are not fully vaccinated will not be able to participate or watch any indoor programming.
PARENT / GUARDIAN INITIALS (INICIALES DE TUTOR / GUARDIAN):
PRINT NAME OF PARENT / GUARDIAN (NOMBRE DE TUTOR / GUARDIAN):
SIGNATURE OF PARENT / GUARDIAN (FIRMA DE TUTOR / GUARDIAN):