

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



**GPLA SPORTS REGISTRATION FORM (please write legibly)**

Sport: GPLA	Division: GPLA	Uniform Size: YS YM YL AS AM (Circle One) AL AXL
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<b>P</b>	Last Name _____ First Name _____ Male Female
<b>L</b>	Birthdate ____ / ____ / ____ Age ____ Grade ____ School _____
<b>A</b>	Are you a returning player? Yes No If yes, Team _____ Division _____
<b>Y</b>	Do you have a brother or sister playing in this same age division? Yes No
<b>E</b>	If yes: Name _____ Age _____
<b>R</b>	<b>*Same team privileges will only apply to siblings*</b>

<b>G</b>	Address _____ City _____ Zip Code _____
<b>E</b>	Parent/Guardian _____ Email _____
<b>N</b>	Home Phone _____ Cell Phone _____ Work Phone _____
<b>E</b>	Emergency Contact _____
<b>R</b>	Home Phone _____ Cell Phone _____ Work Phone _____
<b>A</b>	
<b>L</b>	

**Please check below if you are interested in helping with one of the following:**  
**Coach                      Assistant Coach                      Volunteer**

**PARENT CONSENT FORM (PLEASE READ AND SIGN)**

I, the undersigned, give permission for my child, whose name appears above, to participate in the **RAMON GARCIA RC** athletic program. I understand the nature of sports activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, an 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 league. I understand that the Recreation Facility **CARRIES NO INSURANCE**.

I, the undersigned parent of, \_\_\_\_\_ a minor, do hereby authorize **RAMON GARCIA RC STAFF** 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 physicians 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 to seem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT'S OATH TO KIDS (PLEASE READ AND SIGN)**

I promise to demonstrate good sportsmanship by being a positive role model and encouraging you to play and have fun while supporting you and your team in both victory and defeat.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	DATE RECEIVED
R# _____	_____	_____	_____

**I also authorize the City to make, produce or use photographs, films, tapes or other likenesses of Minor's physical image and/or voice as may be needed for use with Program's publicity and marketing materials. I understand that my child may appear on social media for marketing purposes.** \_\_\_\_\_ (parent/guardian signature)

## PLAYER'S CODE OF CONDUCT

*I hereby pledge to live up to my responsibilities as a Player participating in the Department of Recreation & Parks Sports Program by following the Player's Code of Conduct*

- 1 I will play by the rules and refrain from arguing or complaining about the official's decisions.
- 2 I will be a role model of good sportsmanship and character and will meet my responsibilities to the coach and the team.
- 3 I will play for the fun of it and do my best to ensure 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 refrain from the use of alcohol, drugs, or tobacco at all youth sports events.
- 6 I will make only positive and encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents, and officials.
- 7 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 or myself too seriously. I will control my temper.
- 8 I will work equally hard for the team as for myself, and will always give my best effort.
- 9 As a player, I have rights and responsibilities. I will remember that I am a sports player and that the game is for my enjoyment and my skill improvement.
- 10 I will demonstrate good sportsmanship.

*I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.*

PRINT PLAYER'S NAME

**García RC**

FACILITY

PLAYER'S SIGNATURE

DATE

BE A GOOD SPORT

## PARENT'S CODE OF CONDUCT

*I hereby pledge to live up to my responsibilities as a Parent of a child participating in the Department of Recreation & Parks Sports Program by following the Parent'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.
- 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, and 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 strive to create a positive recreational experience for everyone involved in the activity.
- 8 I will remember to not take the game or myself too seriously.
- 9 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.

*I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.*

PRINT PARENT'S/GUARDIAN NAME

**García RC**

FACILITY

PARENT'S/GUARDIAN SIGNATURE

DATE

BE A GOOD SPORT

City of Los Angeles Department of Recreation and Parks  
**SCHOLARSHIP APPLICATION FOR UNIVERSAL PLAY**

Thank you for your interest in the Department of Recreation and Parks youth sports and fitness programs. The Department is committed to ensuring all kids have the opportunity to play. Please complete this form to request a scholarship to waive enrollment fees.

Facility/Region: **Garcia RC** Date: \_\_\_\_\_

Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Child's Name: _____	Date of Birth: _____	Activity: _____
Address: _____	City: _____	Zip: _____
Parent/Guardian Name: _____	Parent/Guardian Name: _____	
Parent/Guardian Employer: _____	Parent Guardian Employer: _____	
Home Telephone: (____) _____	Home Telephone: (____) _____	
Work Telephone: (____) _____	Work Telephone: (____) _____	

Briefly state the reason(s) you are requesting a scholarship or check any boxes that apply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Family Income**

Under \$25,000       \$25,000 - \$36,000       \$36,000 - \$45,000       \$45,000+

I certify that the information provided on this form is accurate and complete. I acknowledge that providing false information shall be ground for termination from the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

Director's Recommendation:       Approve       Deny

Original Fee \$ \_\_\_\_\_ Scholarship Applied \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's Signature for Approval: \_\_\_\_\_ Date: \_\_\_\_\_