

SOUTH PARK RECREATION CENTER

Good sportsmanship is everyone's responsibility ... Be a good sport

SPORTS REGISTRATION FORM

SPORT: ___ Basketball ___ Soccer ___ Baseball ___ Volleyball ___ Softball ___ Flag Football ___ Other	DIVISION: () TBall () Co Pitch () Tiny Tot () Rookie	Year Born: () Pee Wee () Minor () Major () Junior	Session: () Winter () Summer () Spring () Fall League: ___ Youth Co-Rec ___ GPLA Girls
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P L A Y E R	Last Name : _____ First Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___/___/___ Age _____ Grade _____ Height _____ Weight _____ School: _____
	Are you a returning player? ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Team _____ Division _____
	Do you have a brother or sister playing in this same agedivision? _ Yes _ No Email _____
	If, Yes: Name _____ Age _____ <i>The same team privileges will only apply to siblings</i>

G E N E R A L	Address _____ City _____ Zipcode _____
	Parent/Guardian _____ Home phone _____
	Work phone _____ Cell phone _____ Email: _____
	Emergency Contact Name: _____ Home Phone _____
	Work phone _____ Cell phone _____ Email: _____

Please check below if you are interested in helping with one of the following:

Coach
 Assistant Coach
 Volunteer
 _____ Team

How did you find out about this program? Mail Newspaper Friend/FamilyMember School Telephone OTHER _____

PARENT/PLAYER CONSENT FORM AND GENERAL LEAGUE POLICIES

PARTICIPANT AS A MINOR: I, the undersigned, give permission for my son, whose name appears above, to participate in the South Park, sports program. I understand the nature of sports activities and the experience and abilities of the child and I believe that the child is qualified, in good health and in adequate physical conditions to participate in that activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its official agents and employees of any liability in connection with any injury to my son in connection with this league. I understand that the Recreation Center **DOES NOT HAVE INSURANCE.**

I, the undersigned parent/guardian of , _____ a minor, hereby authorize the **CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS** as agents to have those improperly signed consent to the review of X-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care deemed advisable by, and to be rendered under the general or specialized supervision of a physician licensed under the MEDICAL PRACTICE ACT on the staff of a licensed hospital, whether such diagnosis or treatment is performed in such physician's office or at such hospital. It is understood that its authorization is granted with acorta to any diagnosis, treatment or hospital care that is considered convenient that a doctor in the exercise of his best judgment may consider appropriate. This authorization shall remain in effect for the duration of the program, unless it is first revoked in writing and given to that agent.

PARTICIPANT AS AN ADULT: I, the undersigned, give my consent to play in the aforementioned sports program in South Park, I understand the nature of sports leagues and I consider myself qualified, in good health and in adequate physical condition to participate in such activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, its official agents and employees of any liability in connection with any injury to my son in connection with this league. I understand that the Recreation Center **DOES NOT HAVE INSURANCE.** Furthermore, I agree to fully follow each and every one of the rules described in the 'Code of Conduct' at all times.

I understand that car sharing requests will not be met. The same equipment requests will only be fulfilled for the immediate family.

I understand that games and practices can be scheduled on several days and hours of the week from 5pm-9pm and I cannot request schedules, it is based on the availability of volunteer coaches. I understand that teams are made up of assessments to ensure balanced teams and cannot request coaches.

Refund Policy: "Full refunds are only issued when the recreation center cancels the activity. A 15% cancellation fee is charged for all changes or refund transfers by class, sports leagues or day camp registration, perhaps additional fees will apply to you. After the first day of a session, the recreation center issues a partial refund to customers who withdraw from the activity.

Signature of parents/legal guardians _____ Date _____

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)