

# CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

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

**\*\*Submission of application does not reserve your spot in the league. Full payment of League fees reserves your spot\*\***  
**\*\* La entrega de esta aplicación no reserva su lugar en la liga. El pago completo de las cuotas de la Liga reserva su lugar \*\***

SPORT: _____	DIVISION: <input type="checkbox"/> Mites <input type="checkbox"/> Rookies <input type="checkbox"/> Pee-Wee <input type="checkbox"/> Minors <input type="checkbox"/> Majors <input type="checkbox"/> Jrs. AGE            (3-4)            (5-6)            (7-8)            (9-10)            (11-12)            (13-15)
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**PLEASE PRINT CLEARLY AS THIS NAME WILL APPEAR ON CHILD'S AWARD:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Are you a returning player?    Yes    No    If yes, Team: \_\_\_\_\_ Division \_\_\_\_\_

Do you have a brother or sister playing in this same age division?     Yes     No

If yes: Name \_\_\_\_\_ Age \_\_\_\_\_

**\*\*Same team privileges will only apply to siblings ONLY \*\***

<b>G E N E R A L</b>	Address _____ Apt. #: _____ City _____ Zip Code _____ Parent/Guardian _____ Home Phone: _____ Work: _____ Ext: _____ Cell: _____ Email: _____ Emergency Contact Name: _____ Relationship: _____ Home: _____ Work: _____ Ext: _____ Cell: _____
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**Please check if you are interested in the following:**    Coach     Assistant Coach     Volunteer

How did you hear about this program?    Mail    Newspaper    Friend/Relative    School    Phone Inquiry    Other (please state) \_\_\_\_\_

**PARENT CONSENT FORM**

I, the undersigned, give permission for my child, whose name appears above, to participate in **Loren Miller Recreation Center's Youth Sports Program**, including transportation to and from the recreation center and game sites by City Van or carpool. I understand the nature of sports activities and the minor's 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, employees, and fingerprinted volunteer staff from any liability in connection with any injury to my child in connection with the league in which they participate. I understand that the Recreation Facility CARRIES NO INSURANCE. I understand that the City of Los Angeles Department of Recreation and Parks reserve the right to dismiss a child for any conduct detrimental to the program.

**Right of Publicity:** I authorize the City of Los Angeles Department of Recreation and Parks and the **Loren Miller Recreation Center Youth Sports/ Programs** to make, procure, or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

I, the undersigned parent of, \_\_\_\_\_ a minor, do hereby authorize **Loren Miller Recreation Center's Staff** as agents for the under-signed 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.

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

**PARENTS' OATH TO KIDS**

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)	AGE VERIFIED (Initial)