

CITY OF LOS ANGELES - DEPARTMENT OF RECREATION & PARKS

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

SPORTS REGISTRATION FORM

SPORT: <input type="checkbox"/> Softball <input type="checkbox"/> Baseball	DIVISION: <input type="checkbox"/> Minors 9-10 <input type="checkbox"/> Major 11-12 <input type="checkbox"/> Juniors 13-15	LEAGUE: <input type="checkbox"/> Youth Co - Rec <input type="checkbox"/> Youth Girls
--	--	---

P L A Y E R	Last Name _____	First Name _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
	Birthdate ____ - ____ - ____	Age ____	Grade ____	Height ____	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 age division?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	If yes: Name _____				<u>Uniform</u>	<u>Size</u>
	Same team privileges will only apply to siblings – Carpool requests will not be honored					

A copy of my birth certificate is enclosed My birth certificate is on file at the Park office
 My email address is: _____

G E N E R A L	Address _____	City _____	Zip _____
	Parent/Guardian _____	Home Phone _____	
	Work Phone _____	Cell Phone _____	
	Emergency Contact Name _____	Emergency Phone _____	
	Work Phone _____	Cell Phone _____	

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

Coach Assistant Coach Volunteer _____ Team

PARENT/PLAYER CONSENT FORM
PLEASE READ THE FOLLOWING INFORMATION AND SIGN THIS FORM

PARTICIPANT AS A MINOR: *I, the undersigned, give permission for my child, whose name appears above, to participate in the City of Los Angeles Department of Recreation and Parks' 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, 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 league. I understand that the Recreation Facility CARRIES NO INSURANCE.*

I, the undersigned parent of, _____ a minor, do hereby authorize the City of Los Angeles Department of Recreation and Parks 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 say agent.

PARTICIPANT AS AN ADULT: *I, the undersigned, give my consent to play in the above mentioned sports program through the City of Los Angeles Department of Recreation and Parks I understand the nature of the sports leagues and I believe myself 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 myself in connection with this league. I understand that the Recreation Facility CARRIES NO INSURANCE. I further agree to completely follow any and all rules outlined in the "Code of Conduct" at all times.*

Parent/Guardian signature _____ Date _____ Participant signature _____

REFUND POLICY

A non-refundable 15% administration fee will be assessed by the recreation center for any patron granted a refund, change or transfer per class or sports league registration. No full refund will be issued unless the class or league is cancelled by the recreation center.
 Once the league has started I am aware that there will be no refunds _____ Please initial

OFFICE USE ONLY			
RECEIPT NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)

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 & 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 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 the respect 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.

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

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 public with respect.
5. I will help maintain a sports environment for all participants that are free of drugs, tobacco, and alcohol, and 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 to not take the game or myself too seriously.
8. I will strive to create a positive recreational experience for everyone involved in the activity.
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

FACILITY

PARENT'S/GUARDIAN SIGNATURE

DATE

ENGLISH (Español abajo)

Participant Name _____

COVID-19 ACCEPTANCE OF RISK AND WAIVER OF LIABILITY

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 set forth herein are given in consideration for RAP permitting me and/or my child to participate in practice and/or conditioning 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 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 my 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 indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

I acknowledge that I have read, understand, and consent to all of the policies and authorizations as listed on this document. By my and/or my child's participation I agree to follow and abide by these rules.

Print Name of Adult/Parent/Guardian: _____

Signature of Adult/Parent/Guardian: _____ **Date:** _____

ESPAÑOL (English above)

Nombre del Participante _____

COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad

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 menor 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 e 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 a su menor acompañado participar en practica y/o acondicionamiento durante este período de emergencia.

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave 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 otros 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 imprevisto (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.

Yo reconozco que he leído, entiendo y acepto todas las políticas y autorizaciones que se enumeran en este document. Por la participación de mi y/o mi hijo/a, estoy de acuerdo de seguir y cumplir estas reglas.

Nombre de Adulto/Tutor/ Guardián: _____

Firma de Adulto/Tutor/Guardián: _____ **Fecha:** _____