



SPORTS REGISTRATION FORM



SPORT	DIVISION	UNIFORM SIZE
PLAYER INFORMATION		

Last Name _____ First Name _____

Male Female Birthdate ___ / ___ / ___ Age _____ Grade _____ School _____

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

If Yes: Name _____

*****SAME TEAM PRIVILIGES WILL ONLY APPLY TO SIBLINGS*****

CIRCLE ONE

YOUTH:
SM MED LRG

ADULT:
SM MED LRG XL

This is a preferred size & not guaranteed.
Uniforms are ordered in advance.

GENERAL INFORMATION

Parent/Guardian _____ Email _____

Address _____ Apt# _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ Phone# _____

VOLUNTEERS NEEDED. Check below if you are interested in helping with one of the following:

Coach Assistant Coach Name: _____ Phone Number: _____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the sports league at **Rio De LA** I agree to hold harmless the City of Los Angeles, and its officers, agents/employees for any injury to my child as a result of participation in this program. I understand the park carries no insurance.

I, the undersigned parent(s) of _____, do authorize **Rio De LA** as agent 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 or the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

By Participating in the programming at Rio De LA, I, the undersigned, agree to allow the City of Los Angeles Department of Recreation and Parks and Rio De LA to use photographs, video tapes, and testimonials of participants for use in publicity materials.

Signature of Parent/Guardian _____ Date _____

PARENT'S CODE OF CONDUCT	PLAYER'S CODE OF CONDUCT
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<p>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. I PROMISE TO DEMONSTRATE GOOD SPORTSMANSHIP BY BEING A POSITIVE ROLE MODEL, ENCOURAGING MY CHILD TO PLAY AND HAVE FUN WHILE SUPPORTING MY CHILD'S TEAM IN BOTH VICTORY AND DEFEAT. I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT ADULTS & PROVIDE A SUPPORTIVE ATMOSPHERE. I WILL TREAT COACHES, OFFICIALS, AND RECREATION ADMINISTRATORS WITH RESPECT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.</p> <p>PARENT SIGNATURE _____ DATE _____</p>	<p>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. I WILL PLAY BY THE RULES AND NEVER ARGUE OR COMPLAIN ABOUT THE OFFICIAL'S DECISIONS. I WILL TREAT PARTICIPANTS, COACHES, & RECREATION ADMINISTRATORS WITH RESPECT, AS I WOULD LIKE TO BE TREATED. I WILL REMEMBER THAT I AM A YOUTH SPORTS PLAYER AND THAT THE GAME IS FOR MY ENJOYMENT AND MY SKILL IMPROVEMENT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.</p> <p>PLAYER SIGNATURE _____ DATE _____</p>
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REFUND POLICY	TROPHIES	COVID VACCINE REQUIREMENT
No Refunds will be issued unless the program is cancelled. INITIALS _____	Must be picked up one month after completion of the league. INITIALS _____	I Understand that all participants 12 and over and spectators will need to be fully vaccinated and show proof of vaccine in order to enter the building/gymnasium. INITIALS _____

OFFICE USE ONLY	RR# _____	AMOUNT _____	RECEIVED BY _____
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