

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

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

Facility: PANORAMA RECREATION CENTE	CLASS
-------------------------------------	--------------

PLAY HARD, PLAY FAIR, HAVE FUN

P A R T I C I P A N T	Last Name _____ First Name _____
	Birthdate ____ / ____ / ____ Age ____ Grade ____ Height ____ Weight ____ School _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female
	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 Name: _____
	Email address: _____ (Same team privileges will only apply to siblings)

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

****WE MUST HAVE VOLUNTEER COACHES**** Please circle below if you are interested in helping with one of the following:

Coach Assistant Coach Volunteer _____ Team

How did you hear about this program? Mail Newspaper Friend/Relative School Phone Inquiry Other _____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **Panorama R.C.** 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 **Panorama R.C.** 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 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 _____

PARENT'S 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)