

Sport Registration Form : 2024 Sports

SPORT: () Basketball () Volleyball () Soccer	SEASON: () WINTER () SPRING () SUMMER () FALL	LEAGUE: ___ Youth Coed ___ Youth Girls	DIVISION: () Tiny Mite 2019-20 () Minor 2013-14 () Rookie 2017-18 () Major 2012-12 () Peewee 2015-16 () Junior 2008-10 () VIP League (Saturday) () VIP Clinic (Sunday)	APPLICATION #: _____
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P L A Y E R G E N E R A L	Last Name _____ First Name _____ () Male () Female
	Birth Date ___ / ___ / ___ Age ___ Height ___ Weight ___ Grade ___ School: _____
	Has child played in league before: YES or NO If so, _____
	Is there a sibling (brother/sister), in the same division? YES or NO If so, _____
	Uniform Size: <input type="checkbox"/> YXSmall <input type="checkbox"/> YSmall <input type="checkbox"/> YMedium <input type="checkbox"/> YLarge <input type="checkbox"/> ASmall <input type="checkbox"/> AMedium <input type="checkbox"/> ALarge <input type="checkbox"/> AXLarge
Parent/Guardian _____ Cell Phone _____	
Address _____ City _____ Zip _____	
Email _____ Other Number _____	
Emergency Contact Information:	
Name _____ Relation _____ Phone # _____	

VOLUNTEER COACHES NEEDED! Please check any box below if you are Interested in helping:

() Head Coach () Assistant Coach () Team Parent Name: _____

PARENT/PLAYER CONSENT FORM & GENERAL LEAGUE POLICIES

PARTICIPANT AS A MINOR: I, the undersigned, give permission for my child, whose name appears above, to participate in the BALBOA SPORTS CENTER athletic program. I understand the nature of sports activities, 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 an activity. I agree to relieve the City of Los Angeles Department of Recreation and Parks, it's 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 BALBOA SPORTS CENTER 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 an physician licensed under 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 at said hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which deemed 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.

PARTICIPANT AS AN ADULT: I, the undersigned, give my consent to play in the above mentioned sports program at BALBOA SPORTS CENTER. 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, it's 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 further agree to completely follow any and all rules outlined in the "Code of Conduct" at all times.

**I UNDERSTAND THAT CARPOOL REQUESTS WILL NOT BE HONORED.
SAME TEAM REQUESTS WILL ONLY BE HONORED FOR IMMEDIATE FAMILY MEMBERS. NO TEAM TRADES AFTER DRAFTS.**

I understand that games and practices may be scheduled on various days and times during the week from 4-9pm based on volunteer coaches' availability and any requested times are not guaranteed. I understand that the teams are determined by a draft process to ensure balanced teams. All refund requests prior to evaluations refund will be assessed a 15% administrative fee. NO REFUNDS will be issued after teams have been drafted.

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

OFFICE USE ONLY				
RR NUMBER	AMOUNT	RECEIVED BY	AGE VERIFIED	ENTERED TO SCAN SHEET

**CITY OF LOS ANGELES DEPARTMENT OF RECREATION
PARKS
GOOD SPORTSMANSHIP IS EVERYONES RESPONSIBILITY
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.

I will play by the rules, and refrain from arguing or complaining about the official's decisions.

I will be a role model of good sportsmanship and character and will meet my responsibilities to the coach and team.

I will play for the fun of it, and do my best to make sure that the game is fun for all participants.

I will demonstrate fair play and sportsmanship. I will treat Participants , coaches, recreation administrators, and the public with respect as I would like to be treated.

I will refrain from the use of alcohol, drugs, or tobacco at all Youth sports events.

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.

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 to seriously. I will control my temper.

I will work equally hard for the team as for myself, and will always give my best effort. 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 will demonstrate good sportsmanship.

I understand that the penalties for not adhering to this Code of Conduct may range from verbal warning to expulsion from the activity.

PRINT PLAYER'S NAME _____ **BALBOA SPORTS CENTER**

PLAYER'S SIGNATURE _____ **DATE** _____

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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.

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.

I will be a role model of good sportsmanship and character. I will help my child meet his/her responsibilities to the coach and team.

I will do my best to make sure that the game is fun for all participants.

I will lead by example in demonstrating fair play and sportsmanship to all participants. I will treat Participants , coaches, recreation administrators, and the public with respect.

I will help maintain a sports environment for all participants that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.

I will make only positive and encouraging comments to players on both teams. I will not interfere or coach from the stands.

I will not take the game or myself to seriously.

I will strive to create a positive recreational experience for everyone involved in the activity.

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 verbal warning to expulsion from the activity.

PRINT PARENT/GUARDIAN NAME _____ **BALBOA SPORTS CENTER**

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____