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|  |  |  | SEASON: | HH CODE: |
|---|--|--|---------|----------|

City of Los Angeles Department of Recreation & Parks
LOU COSTELLO JR. RECREATION CENTER
 3141 E. Olympic Blvd., Los Angeles, CA 90023 • 213-485-9111 • <https://www.laparks.org/reccenter/lou-costello>

Good Sportsmanship is Everyone's Responsibility...Be a Good Sport!
La buena deportividad es responsabilidad de todos... ¡Sé un buen deportista!

| | | |
|---------------------------------|---------------------------------------|---|
| UNIFORM SIZE TALLA UNIFORME: | YOUTH/JUVENTUD: XS SMALL MEDIUM LARGE | ADULT/ADULTO: SMALL MED. LARGE XLARGE 2XL |
| SPORT/DEPORTE CLASS/CLASE: | | DIVISION/ DIVISIÓN: |

PARTICIPANT'S INFORMATION/INFORMACIÓN DEL PARTICIPANTE

| | | | |
|------------------------------------|------------------------|---------------------|------------------|
| FIRST NAME PRIMER NOMBRE: | LAST NAME APELLIDO: | GENDER/ GENERO: | |
| BIRTHDATE/ FECHA DE NACIMIENTO: | AGE/ EDAD: | SCHOOL/ ESCUELA: | GRADE/ GRADO: |

SAME TEAM PRIVILEGES ONLY APPLY TO SIBLINGS IN THE SAME DIVISION, TEAM/COACH REQUESTS ARE NOT HONORED LOS PRIVILEGIOS DEL MISMO EQUIPO SOLO SE APLICAN A LOS HERMANOS EN LA MISMA DIVISIÓN, LAS SOLICITUDES DE EQUIPO/ENTRENADOR NO SE ACEPTAN

GENERAL INFORMATION/INFORMACIÓN GENERAL

| | | | |
|-----------------------------------|--------------------------|-----------------------------------|--|
| PARENT/GUARDIAN PADRE/GUARDIÁN | PHONE #/ # DE CELULAR | LEGAL CUSTODY/ CUSTODIA LEGAL: | |
| ADDRESS / DIRECCIÓN: | CITY/ CIUDAD: | ZIP CODE/ CÓDIGO POSTAL | |
| WORK PHONE / # DEL TRABAJO: | EMAIL: | | |
| PARENT/GUARDIAN PADRE/GUARDIÁN | PHONE #/ # DE CELULAR | LEGAL CUSTODY/ CUSTODIA LEGAL: | |
| ADDRESS / DIRECCIÓN: | CITY/ CIUDAD: | ZIP CODE/ CÓDIGO POSTAL | |
| WORK PHONE / # DEL TRABAJO: | EMAIL | | |

EMERGENCY CONTACT INFORMATION/INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA

| | | |
|---|----------------------------|---|
| EMERGENCY CONTACT NAME/ CONTACTO DE EMERGENCIA | RELATION/ RELACIÓN: | |
| PHONE # / # DE TRABAJO | PHONE #/ # DE CELULAR | |
| EMAIL: | | |
| <i>Please circle if you are interested in the following</i> <i>Marque con un círculo si está interesado en lo siguiente:</i> | COACH ENTRENADOR | ASSISTANT COACH ENTRENADORA ASISTENTE |
| | | VOLUNTEER VOLUNTARIO |

| | |
|--|--|
| How did you hear about us? ¿Cómo te enteraste de nosotros?: | |
|--|--|

PARENT CONSENT FORM - FORMULARIO DE CONSENTIMIENTO DE LOS PADRES

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors 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 activity. I understand that the City and Recreation Facility CARRY NO INSURANCE. Right of Publicity: I authorize the city of Los Angeles Department of Recreation and Parks 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. **DRAFT: I understand my child must go through a draft and may not request a specific team/coach; only siblings in same division may be placed on same team.**

Yo, el abajo firmante, doy permiso para que mi hijo, cuyo nombre aparece arriba, asista y participe en el programa atlético. Entiendo que mi hijo puede ser transportado hacia y desde el evento y que la naturaleza de este evento es una actividad deportiva. Conozco la experiencia y las capacidades de mi menor y creo que el menor está calificado, en buen estado de salud y en condiciones físicas adecuadas para participar en dicha actividad. Acepto liberar al Departamento de Recreación y Parques de la Ciudad de Los Angeles, sus agentes oficiales y empleados de cualquier responsabilidad en relación con cualquier lesión a mi hijo en relación con esta actividad. Entiendo que la Ciudad y las Instalaciones Recreativas NO TIENEN SEGURO. Derecho de publicidad: Autorizo al Departamento de Recreación y Parques de la ciudad de Los Angeles a hacer, adquirir o usar fotografías, películas, cintas u otras imágenes o la imagen física y/o la voz del menor según sea necesario para usar con el material publicitario de los programas. a perpetuidad sin compensación. **BORRADOR: Entiendo que mi hijo debe pasar por un borrador y no puede solicitar un equipo/entrenador específico; solo los hermanos en la misma división pueden ser colocados en el mismo equipo.**

| | |
|------------------------|-------------------------|
| SIGNATURE/FIRMA: _____ | DATE/FECHA: / / |
|------------------------|-------------------------|

****FOR STAFF USE ONLY** **SOLO PARA USO DEL PERSONAL****

| | | | |
|-------|------------|------------------------|-------------------------|
| RR #: | AMOUNT: \$ | RECEIVED BY (Initial): | AGE VERIFIED (Initial): |
|-------|------------|------------------------|-------------------------|

NOTES:

| | |
|--------------------|--|
| COVID VACCINATION: | |
|--------------------|--|

City of Los Angeles Department of Recreation and Parks
SCHOLARSHIP APPLICATION FOR UNIVERSAL PLAY

Thank you for your interest in the Department of Recreation and Parks youth sports and fitness programs. The Department is committed to ensuring all kids have the opportunity to play. Please complete this form to request a scholarship to waive enrollment fees.

Facility/Region: _____ Date: _____

| | | |
|---------------------------------|---------------------------------|-----------------|
| Child's Name: _____ | Date of Birth: _____ | Activity: _____ |
| Child's Name: _____ | Date of Birth: _____ | Activity: _____ |
| Child's Name: _____ | Date of Birth: _____ | Activity: _____ |
| Address: _____ | City: _____ | Zip: _____ |
| Parent/Guardian Name: _____ | Parent/Guardian Name: _____ | |
| Parent/Guardian Employer: _____ | Parent Guardian Employer: _____ | |
| Home Telephone: (____) _____ | Home Telephone: (____) _____ | |
| Work Telephone: (____) _____ | Work Telephone: (____) _____ | |

Briefly state the reason(s) you are requesting a scholarship or check any boxes that apply: _____

Annual Family Income

Under \$25,000 \$25,000 - \$36,000 \$36,000 – \$45,000 \$45,000+

I certify that the information provided on this form is accurate and complete. I acknowledge that providing false information shall be ground for termination from the program.

Parent Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Director's Recommendation: Approve Deny

Original Fee \$ _____ Scholarship Applied \$ _____

Comments: _____

Director's Signature for Approval: _____ Date: _____

Participant Name (Nombre del Participante) _____

COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)

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 RAP programs 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.

(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 los programas de RAP 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.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

(Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividades deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad de Los Ángeles, el Departamento de Recreación y Parques, sus oficiales y agentes y empleados de cualquier lesión a mi hijo en relación con este programa. Además, entiendo que el Departamento de Recreación y Parques de la Ciudad de Los Angeles NO OFRECE SEGURO.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

CONSENT TO TREATMENT OF A MINOR (AUTORIZACION DE TRATAMIENTO DE UN MENOR)

I, as the parent and/or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any 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 Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or a said hospital. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

(Yo, como el padre/guardián del menor participando en este programa, autorizo a la Ciudad de Los Ángeles Departamento de Recreación y Parques que se comporten como agentes en dar autorización en examen de rayos X, anestesia, diagnóstico médico o cirugía, tratamiento y hospitalización que es aprobado y vigilado por un Médico licenciado profesional que convive con las provisiones del Medicine Practica Acto en los empleados del hospital licenciado, cuando alguna acción sea requerida en la oficina del Médico o Hospital. Es entendido que esta autorización es dada anteriormente en prever alguna situación que se requiera alguna acción y el Medico decide que acción sea admisible. Esta autorización será efectiva hasta la conclusión del programa de cual el menor estará participando en y será efectiva hasta que sea sometido en una carta escrita y entregada a el agente en cual el menor estará por el periodo del programa.)

Parent/Guardian Initials (Iniciales de Tutor/Guardián): _____

LOU COSTELLO JR. REC. CENTER

GOOD SPORTSMANSHIP IS EVERYONE'S 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 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 the 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 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 remember to not take the game or myself too 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 PLAYER'S NAME

FACILITY

PLAYER'S SIGNATURE

DATE

BE A GOOD SPORT!

LOU COSTELLO JR. REC. CENTER

GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY

BE A GOOD SPORT!

PARENT'S CODE OF CONDUCT

I hereby pledge to live up to my responsibilities as a Parent 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 the 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 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.
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I understand that the penalties for not adhering to this Code of Conduct may range from verbal warning to expulsion from the activity.

PARENT'S NAME

FACILITY

PARENT'S SIGNATURE

DATE

BE A GOOD SPORT!