

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

SPORTS/DEPORTE:	
DIVISION/DIVISION:	
TEAM/EQUIPO:	
JERSEY SIZE/TALLA DE UNIFORME:	



FEE PAID/CUOTA PAGADA:	
RR NUMBER:	
VACCINE PROOF/PRUEBA DE VACUNA:	
RECEIVED BY:	

PECAN RECREATION CENTER

SPECIAL NOTE: REFUNDS ARE NOT GRANTED UNLESS PROGRAM IS CANCELED BY RECREATION CENTER

NOTA: LOS REEMBOLSOS NO SE CONCEDEN A MENOS QUE EL PARQUE CANCELA EL PROGRAMA

PLAYER INFORMATION/ INFORMACION DE JUGADOR					
LAST NAME/APELLIDO:		FIRST NAME/NOMBRE:		MIDDLE INITIAL/INICIAL:	
BIRTH DATE/FECHA DE NACIMIENTO: / /		AGE/EDAD:		GENDER/GENERO: <input type="checkbox"/> M <input type="checkbox"/> F	
SCHOOL/ESCUELA:		GRADE/GRADO:		RETURNING PLAYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS/DOMICILIO:		APT#:	CITY/CIUDAD:		ZIP CODE/ZONA POSTAL:
PLAYER CELL PHONE/CELULAR:		OK TO TEXT: <input type="checkbox"/> YES <input type="checkbox"/> NO		PLAYER EMAIL:	
COVID19 VACCINATION STATUS/ STATUS DE VACUNACION: <input type="checkbox"/> VACCINATED <input type="checkbox"/> NOT VACCINATED		VACCINE DATES/FECHAS DE VACUNA: 1 ST DOSE/ 1 ST DOSIS: _____ 2 ND DOSE/ 2 ND DOSIS: _____			
MEDICAL PROBLEMS OR SPECIAL NEEDS/NECESIDADES MEDICAS:					
PARENT INFORMATION/ INFORMACION DE PADRE					
PARENT/PADRE/GUARDIAN #1:					
CELL PHONE/CELULAR:		EMAIL:		OK TO TEXT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT/PADRE/GUARDIAN #2:					
CELL PHONE/CELULAR:		EMAIL:		OK TO TEXT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMERGENCY CONTACT/CONTACTO DE EMERGENCIA:				RELATIONSHIP/RELACION:	
CELL NUMBER/CELULAR:		HOME NUMBER/NUMERO DE CASA:			
PLEASE CHECK IF INTERESTED IN THE FOLLOWING: <input type="checkbox"/> COACH <input type="checkbox"/> ASSISTANT COACH <input type="checkbox"/> VOLUNTEER					
PARENT CONSENT FORM/ FORMA DE CONSENTIMIENTO					
<p>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.</p> <p>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.</p> <p>I, the undersigned parent of, _____ a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks 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 said agent.</p>					
PARENT SIGNATURE:				DATE:	

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: _____

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: _____