

City of Los Angeles Department of Recreation and Parks
851 Alma Real Drive (310)454-1412 Fax (310)575-8014
Palisades Recreation Center

Receipt # _____

Processed by _____

Sports Registration Form

E-Mail Entered by _____

SPORT: _____ **DIVISION:** _____

Childs Name(First & Last) _____ Birthdate ___/___/___ Age ___ Sex ___

Address _____ City _____ Zip _____

Do you have a sibling playing in the same division Yes ___ No ___ Name _____

Parent/Guardian _____ Home() _____ Cell() _____ Work() _____

E-mail _____ Shirt Size (YS) (YM) (YL) (YXL) (AS) (AM) (AL) (AXL)

Emergency Contact Name _____ Phone() _____

Please check below if you are interested in helping with one of the following: **Coach** _____ **Assistant Coach** _____

****Due to teams being drafted by coaches, there will be NO REQUEST. All players MUST ATTEND EVALUATIONS.****

PARENT/GUARDIAN CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the Palisades Recreation Center athletic program. I understand the nature of the 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 L. A. Dept. of Rec & Parks, its officers, agents and employees from any liability in connection with any injury to my child in connection with this league. I understand the Recreation Facility CARRIES NO INSURANCE. I do authorize Palisades Rec Center as an agent for my child listed above to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is 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 the judgment may deem advisable. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent. First-time registrants, Birth Certificates or passports are required. **ALL REFUNDS ARE SUBJECT TO AN AUTOMATIC \$35 ADMINISTRATION FEE. ADDITIONAL FEES MAY APPLY.**

Signature of Parent/Guardian _____ Date _____

Parent/Guardian/Player CODE OF CONDUCT

I hereby pledge to live up my responsibilities as a parent of a child/player participating in the Dept. of Rec & Parks Sports Program by following the parent/guardian/player's code of conduct. As a parent/guardian I will place the emotional and physical well-being of the child above any personal desire to win. As a player I will play by the rules and never argue or complain about the official's decisions. As a parent/guardian I will help my child understand the valuable lessons sports can teach. I will be a role model of good sportsmanship and character. As a parent/guardian I will help my child meet his/her responsibilities to the coach and the team. As a player 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 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 comment to players on both teams. As a parent/guardian I will not interfere or coach from the stands. I will be a good sport by cooperating with my coaches, teammates, opponents and officials. As a player 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 too seriously, I will control my temper. I will strive to create a positive recreational experience for everyone involved in the activity. I will remember that I am youth sports parent/guardian, 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 will discuss the significance of this code of conduct with my family members. I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.

Signature of Parent/Guardian _____ Player _____ Date _____

***Persons with disabilities are encouraged to participate in our programs. Reasonable accommodations will be made with prior arrangement.
Achieving gender equality a continuous commitment to girls and women in sports!***