

Sports Registration Form

"Good Sportsmanship is Everyone's Responsibility. Be a good

SPORT

___ Coed Soccer
___ Girl's Soccer
___ Girl's Volleyball

___ Coed Basketball
___ Girl's Basketball

___ Coed Flag Football
___ Coed Baseball
___ Coed Roller Hockey

DIVISION: _____

Mar Vista reserves the right to ask for proof of age with every registration.

Player's First Name: _____ **Last Name:** _____

Gender: Female / Male Birth Date: ___/___/___ Email: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian: _____ Home Phone:(____) _____ Cell Phone:(____) _____

Parent/Guardian: _____ Home Phone:(____) _____ Cell Phone:(____) _____

Additional person to contact in case of emergency.

Name: _____ Relationship: _____ Phone Number: (____) _____

***Practice Conflicts (2 days you CANNOT Practice)**
No accommodations for drafted divisions (Minor-Junior)

Please check if you are interested in the following:

Coach

Assistant Coach

*We need Coaches!!! All coaches must be fingerprinted. Please pick up a volunteer packet in the park office.

PARENT/GUARDIAN CONSENT

I understand the nature of sports activities and the rigors they entail. I, the undersigned, also realize the capabilities and limitations of the cooperating minor. I believe the said minor to be in proper physical condition to partake in such sports activities. I agree to relieve the **City of Los Angeles Department of Recreation and Parks**, its officers, agents, and employees from any liability in connection with any injury to my child in connection with the league.

I, the undersigned parent of _____, a minor, do hereby authorize **MAR VISTA RECREATION CENTER** staff, as agents for the undersigned, to consent to x-ray examination, anesthesia, medical or surgical diagnoses, or treatment under the provisions of the Medical Practices Act on the staff license hospital, whether such diagnoses 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 the aforementioned physician in the exercise of good judgment may deem advisable. This authorization shall remain effective for the duration of the program unless revoked in writing and delivered to said agent. I understand that the recreation facility CARRIES NO INSURANCE.

REFUND POLICY

REFUND REQUEST RECEIVED PRIOR TO EVALUATIONS: Minus 15%

REFUND REQUEST RECEIVED AFTER DRAFTS/TEAM PLACEMENTS: NO REFUND

REFUND REQUESTS AFTER GAMES BEGIN: NO REFUND

Parent/Guardian Signature

Date

Make check payable to:
L.A. City Dept. of Rec. & Parks

Office use only: Receipt # _____

ALSO SIGN GOOD SPORTSMANSHIP PAGE ON THE BACK

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.

1. I will play by the rules and never argue or complain about the officials' decisions.
2. I will be a role model of good sportsmanship and character. I will meet my responsibilities to the coach and the team.
3. I will play for the fun of it and do my best to make sure that the game is fun for all participants.
4. 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.
5. I will refrain from the use of alcohol, drugs, or tobacco at all youth sports events.
6. 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.
7. 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.
8. I will work equally hard for the team as for myself and will always give my best effort.
9. I will remember that I am a youth sports player and that the game is for my enjoyment and my skill improvement.
10. I will demonstrate good sportsmanship.

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

I will demonstrate good sportsmanship.

PLAYER'S SIGNATURE

DATE

BE A GOOD SPORT

PARENT'S CODE OF CONDUCT

I hereby Pledge to live up to my responsibilities as a Parent of a child in the Department of Recreation & Parks Sports Program, by following the Parent's Code of Conduct.

1. 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.
2. 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.
3. I will do my best to make sure that the game is fun for all participants.
4. 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.
5. 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.
6. I will make only positive and encouraging comments to players on both teams. I will not interfere or coach from the stands.
7. I will remember to not take the game or myself too seriously.
8. I will strive to create a positive recreational experience for everyone involved in the activity.
9. 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.
10. 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.

I will demonstrate good sportsmanship.

PARENT'S SIGNATURE

DATE
