

**SEASON:** (Circle One)

that the game is for the children and not for the adults.

COACH'S SIGNATURE:

**GENDER:** 

## City of Los Angeles Department of Recreation & Parks

## STONER RECREATION CENTER



**DIVISIONS (AGES):** 

DATE:

1835 Stoner Ave. Los Angeles, CA 90025 (310) 479-7200 ~ rap.stonerrc@lacity.org

## SPORTS REGISTRATION FORM

**SPORT:** 

| Fall<br>Spring  | Winter<br>Summer       | Co-Ed<br>Girls        | Baseball<br>Softb | Basketb<br>pall Vo | oall<br>olleybal    | Soccer         | Little Balle<br>Minors (9-10)                 | , ,     | ors (11-12) | Rookies<br>Juni | s (7-8)<br>ors (13-15) |
|---|------------------------|-----------------------|-------------------|--------------------|---------------------|----------------|---|---------|-------------|-----------------|------------------------|
| PLAYER INFORMATION:   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| First Name:   | First Name: Last Name: |                       |                   |                    |                     |                |   |         |             |                 |                        |
| Birthdate:  | Birthdate: Age:        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| School:   |                        |                       |                   |                    |                     | Current Grade: |   |         |             |                 |                        |
| Do you have a sibling also playing at Stoner this season? Yes No  |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| If yes, Name:   |                        |                       |                   |                    |                     |                | C   | ivision | n:          |                 |                        |
| Same team privileges will only apply to siblings. For Ages 5-8: please list 1 to 2 friends below that you may want to play with. Please note: requests are not guaranteed!  |                        |                       |                   |                    |                     |                | ANTEED!                                       |         |             |                 |                        |
|   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| Please Circle two (2) days that your child is available to practice   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
|   | Mo                     | ONDAY TU              | UESDAY            | WEDNE              | ESDAY               | Тни            | JRSDAY  | FRIDAY  |             |                 |                        |
| PARENT/GUARDIAN & COACH INFORMATION:  |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| First Name:   |                        |                       |                   |                    |                     | Last Nar       | ne:   |         |             |                 |                        |
| Address:  |                        | С                     | City:             |                    | Zipcode:            |                |   |         |             |                 |                        |
| Best Contact  | Best Contact #:        |                       |                   |                    | 2nd Best Contact #: |                |   |         |             |                 |                        |
| Email:  |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| Emergency Contact Name:   |                        |                       |                   |                    | Best Contact #:     |                |   |         |             |                 |                        |
| Please <u>CIRCLE BELOW</u> IF YOU OR THE OTHER PARENT IS INTERESTED IN HELPING WITH ONE OF THE FOLLOWING:   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| Head Co   | ach ,                  | Assistant Coad        | ch !              | If differ          | ent pa              | rent, Nar      | me:   |         |             |                 |                        |
| Coach's Practic   | ce Night Availab       | oility (Circle two (2 | ) options)        | Monda              | а <u>у</u>          | Tuesday        | / Wednes                                      | day     | Thursda     | y F             | riday                  |
| Teams: Ages 4-8, The Recreation Center will draft the teams.  Teams: Ages 9-15, Coaches will make the Teams by snake draft. (If limited # of teams, Rec Center will draft the teams.)   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| COACHES CODE OF CONDUCT   |                        |                       |                   |                    |                     |                |   |         |             |                 |                        |
| I HERBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A COACH PARTICIPATING IN THE DEPARTMENT OF RECREATION AND PARKS SPORTS PROGRAM BY FOLLOWING THE COACH'S CODE OF CONDUCT. I UNDERSTAND THAT FAILURE TO FOLLOW THESE GUIDELINES COULD RESULT IN MY REMOVAL FROM THE PROGRAM.  (1) I WILL place the emotional and physical well-being of my players ahead of a personal desire to win. (2) I WILL do my best to provide a safe playing environment for my players. (3) I WILL ensure that my player's sports environment is one of fun and enjoyment. (4) I WILL lead by example in demonstrating FAIR PLAY and SPORTSMANSHIP to all my players. (5) I WILL provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events. (6) I WILL enlist the support of my team's |                        |                       |                   |                    |                     |                | ayers. (3) I<br>s. (5) I WILL<br>of my team's |         |             |                 |                        |

| FOR OFFICE | Household ID: | Receipt #: | Receipt Date: | Amount Paid: | Payment Method:      | Staff Initials: | FLIP FORM/ |
|------------|---------------|------------|---------------|--------------|----------------------|-----------------|------------|
| USE ONLY:  |               |            |               |              | Cash Credit Check #: |                 | SEE PAGE 2 |

benefits such activity offers. (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 coach, and

| DOWN JACKSPANCE OF ROS AND WARRE MARRIE TO  TO JACKSPANCE OF TO  TO JACK |  |  |
|--|--|--|
| I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE MENTIONED POLICIES AND PRACTICES.  PARENT/GUARDIAN SIGNATURE:  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 AND 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 official's decisions.  2. 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 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 make only positive, encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents, and officials.  6. 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 of myself too seriously. I will control my temper.  1 WILL WORK EQUALLY HARD FOR THE TEAM AS FOR MYSELF, AND WILL ALWAYS GIVE MY BEST EFFORT.  SIGNATURE OF PLAYER:  DATE:  PARENT/GUARDIAN'S CODE OF CONDUCT:  1. I WILL DIACE THE TEAM AS FOR MYSELF, AND WILL ALWAYS GIVE MY BEST EFFORT.  SIGNATURE OF PLAYER:  DATE:  PARENT/GUARDIAN'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. I will re | By my participation, or my child's I am fully aware that there are a number of risks participating in RAP programs, and utilizing RAP equipment and facilities during the in consideration for RAP permitting me and/or my child to participate in RAP programs, and utilizing RAP equipment and facilities during the in consideration for RAP permitting me and/or my child to participate in RAP programs, and assigns, I knowingly and freely, assume all such COVID-19 related risks, both k RAP equipment and facilities as described above, and I hereby forever release, we successors and assigns (collectively, the "City Representatives"), from any and all C nature, and other losses of any kind, whether known or unknown, foreseen or un and utilizing RAP equipment and facilities as described above, including but not lin claims based on the alleged negligence of any City Representative or any other perindemnify and hold them harmless from any and all Damages resulting from me a AUTHORIZATION TO PARTICIPATE  By registering your child, you understand that you are giving your authorization to City of Los Angeles Department of Recreation and Parks, its officer, agents, and en You understand that the Recreation Center carries no insurance. You do hereby a medical or surgical diagnosis, treatment/hospital care which is deemed advisable under the provisions of the Medicine Practice Act and on the medical staff of a lice This authorization is given in advance of any specific consent.  PHOTO RELEASE:  By participating in our programs, patrons agree to allow the City of Los Angeles De | associated with me entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, e COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are giver rams during this emergency period. Therefore, without limitation, I understand that I and/or my child could ring medical treatment in a hospital or could possibly lead to death. On behalf of myself our heirs, successors nown and unknown, relating to my entry onto RAP property, participation in RAP programs, and utilization of ive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind of foreseen, (collectively, "Damages") as a result of me entering onto RAP property, participating in RAP programs inted to personal injuries, death, disease or property losses, or any other loss, and including but not limited to reson related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to and/or my child's contraction of COVID-19.  PARENT INITIALS:  participate in the Stoner Recreation Center programs and all activities there in. You further agree to relieve the apployees from any liability for injury to you resulting from and/or in connection with the activities in this program uthorize the City of Los Angeles to act as agent for your child: to consent to any x-ray examination, anesthetic, by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed ensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital expertment of Recreation and Parks and Stoner Recreation Center to use photographs, video tapes, and |
| PARENT/GUARDIAN SIGNATURE: DATE:  GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY: BE A GOOD SPORT PLAYER'S AFPARENT/GUARDIAN CODE'S OF CONDUCT.  PLAYER'S CODE OF CONDUCT: I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PLAYER PARTICIPATING IN THE DEPARTMENT OF RECREATION AND PARKS SPORTS PROGRAM BY FOLLOWING THE PLAYER'S CODE OF CONDUCT.  1.1 WILL play by the rules and never argue or complain about the official's decisions.  2.1 WILL play for the fun of it and do my best to make sure that the game is fun for all participants.  3.1 WILL play for the fun of it and do my best to make sure that the game is fun for all participants, and the public with respect as I would like to be treated.  5.1 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.  5.1 WILL make only positive, encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents, and officials.  6.1 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 of myself too seriously. I will control my temper.  1 WILL WORK EQUALLY HARD FOR THE TEAM AS FOR MYSELF, AND WILL ALWAYS GIVE MY BEST EFFORT.  SIGNATURE OF PLAYER:  PARENT/GUARDIAN'S CODE OF CONDUCT: I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PARENT/GUARDIAN of A CHILD PARTICIPATING IN THE DEPARTMENT OF RECREATION AND PARKS SPORTS PROGRAM BY FOLLOWING THE PARENT/GUARDIAN'S CODE OF CONDUCT.  1.1 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.  3.1 WILL do my best to make sure that the game is fun for all participants. I will remember not to take the game or myself too seriously.  4.1 WILL lead by example in demonstrating fair play and sportsmanship to all participants. I will retart participants, coaches, recreation administrators, and the public with respect |  | _  |
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| 8. I WILL discuss the significance of this code with my family members.  I UNDERSTAND THE PENALTIES FOR NOT ADHERING TO THIS CODE OF CONDUCT RANGE FROM A VERBAL WARNING TO  | their use at all youth sports events.  6. I WILL make only positive and encouraging commen  7. I WILL remember that I am a youth sports parent an encourage my child to play sports by providing a suppo  8. I WILL discuss the significance of this code with my face.  | ts to players on both teams. I will not interfere or coach from the stands. d that the game is for children and not adults. Accordingly, I will rtive atmosphere, but not pressure them. amily members.  |

DATE:

**EXPULSION FROM THE ACTIVITY.** 

SIGNATURE OF PARENT: