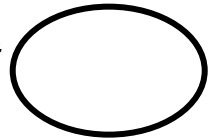


Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport



SPORTS REGISTRATION FORM

SPORT _____	DIVISION _____	UNIF SIZE (Youth/Adult) _____
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P L A Y E R	Last Name _____ First Name _____ Male ___ Female ___ Date of Birth ____ / ____ / ____ Age ____ Grade ____ School _____ Are you a returning player? (Y/N) _____ If you have a brother or sister playing in the same age division please provide Name _____ Same team privileges will only apply to siblings (brother or sister only)
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G E N E R A L	Address _____ City _____ Zip Code _____ Parent/Guardian _____ Primary Phone _____ Secondary Phone _____ E-Mail Address _____ If you would like to be added to our email list for upcoming sport activities Emergency Contact Name _____ Primary Phone _____ Secondary Phone _____ E-Mail Address _____
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Please check below if you are interested in helping with one of the following:

Coach _____ Assistant Coach _____ Volunteer _____ Team Parent _____

How did you hear about this program? Mail _____ Newspaper _____ Friend/Relative _____ School _____ Phone Inquiry _____ Other _____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **EVERGREEN RECREATION CENTER** athletic program. I understand the nature of 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 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 league. I understand that the Recreation Facility **CARRIES NO INSURANCE**.

I, the undersigned parent of, _____ a minor, do hereby authorize **EVERGREEN RECREATION CENTER** 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.

Signature _____ Date _____

PARENT'S OATH TO KIDS

I promise to demonstrate good sportsmanship by being a positive role model and encouraging you to play and have fun while supporting you and your team in both victory and defeat.

Parent/Guardian Signature _____ Date _____

RR NUMBER	AMOUNT	RECEIVED BY (Print Initial)	DATE

