



GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY ... BE A GOOD SPORT

SPORTS REGISTRATION FORM

SPORT	DIVISION	UNIFORM SIZE	
PLAYER INFORMATION			
Last Name _____ First Name _____		<u>CIRCLE ONE</u>	
<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___/___/___ Age _____ Grade _____ School _____		YOUTH: SM MED LRG	
Do you have a brother or sister playing in this same age division? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADULT: SM MED LRG XL XXL	
If Yes: Name/Names _____		SIZE NOT GUARANTEED	
SAME TEAM PRIVILEGES WILL ONLY APPLY TO SIBLINGS			
GENERAL INFORMATION			
Parent/Guardian _____ Email _____			
Address _____ Apt _____ City _____ Zip Code _____			
Home Phone _____ Cell Phone _____ Work Phone _____			
Emergency Contact Name _____ Phone _____			
<u>VOLUNTEERS NEEDED - CHECK BELOW IF YOU ARE INTERESTED IN HELPING WITH ONE OF THE FOLLOWING:</u>			
<input type="checkbox"/> COACH <input type="checkbox"/> ASSISTANT COACH NAME _____ PHONE NUMBER _____			
PARENT CONSENT INFORMATION			
I, the undersigned, give permission for my child, whose name appears above, to participate in the sports league at PECK PARK. I agree to hold harmless the City of Los Angeles, and its officers, agents/employees for any injury to my child as a result of participation in this program. I understand the Community Center CARRIES NO INSURANCE.			
I do hereby authorize PECK PARK COMMUNITY CENTER as agent for the undersigned 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 or the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.			
VIDEO/PHOTO RELEASE			
I authorize the City of Los Angeles Department of Recreation and Parks and Peck Park Community Center to make or use photographs, film, tapes, or other likeness of participant's physical image and /or voice as may be needed for use with the programs publicity material in perpetuity without compensation.			
PARENT CODE OF CONDUCT		PLAYER CODE OF CONDUCT	
I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PARENT OF A CHILD PARTICIPATING IN THE DEPARTMENT OF RECREATION & PARKS SPORTS PROGRAM, BY FOLLOWING THE PARENT'S CODE OF CONDUCT. I PROMISE TO DEMONSTRATE GOOD SPORTSMANSHIP BY BEING A POSITIVE ROLE MODEL, ENCOURAGING MY CHILD TO PLAY AND HAVE FUN WHILE SUPPORTING MY CHILD'S TEAM IN BOTH VICTORY AND DEFEAT. I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT ADULTS & PROVIDE A SUPPORTIVE ATMOSPHERE. I WILL TREAT COACHES, OFFICIALS, AND RECREATION ADMINISTRATORS WITH RESPECT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.		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. I WILL PLAY BY THE RULES AND NEVER ARGUE OR COMPLAIN ABOUT THE OFFICIAL'S DECISIONS. I WILL TREAT PARTICIPANTS, COACHES, & RECREATION ADMINISTRATORS WITH RESPECT, AS I WOULD LIKE TO BE TREATED. I WILL REMEMBER THAT I AM A YOUTH SPORTS PLAYER AND THAT THE GAME IS FOR MY ENJOYMENT AND MY SKILL IMPROVEMENT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.	
PARENT SIGNATURE _____ DATE _____		PLAYER'S SIGNATURE _____ DATE _____	
SPORTS LEAGUE POLICIES			
<u>REFUND POLICY</u>	<u>TROPHIES</u>	<u>SPECIAL REQUESTS</u>	<u>COVID VACCINE REQUIREMENT</u>
No Refunds will be issued after the draft date unless the program is cancelled. Refunds are subject to a 15 % Administrative Fee.	Must be picked up one month after completion of the league. All leftover trophies will be discarded or donated.	May not be guaranteed. Same team privileges only apply to siblings. The goal of Peck Park's Sports Program is to provide a balanced and competitive league.	Participants 12 and over and spectators will need to show proof of full vaccination in order to enter the indoors or Gymnasium. Maximum two spectators per household.
SIGNATURE			
PRINT NAME _____ SIGNATURE _____ DATE _____			
OFFICE USE ONLY			
RR# _____		AMOUNT _____	RECEIVED BY _____