REGISTRATION BEGINS FEBRUARY 1ST

AGE DIVISIONS

MINORS
AGES 8-10

MAJORS
AGES 11-12

JUNIORS
AGES 13-15

TBALL/ COACH PITCH
AGES 4-5/ 6-7

$10 | REGISTRATION INCLUDES: UNIFORM, TROPHY, & OFFICIATING FEES

1464 EAST 109TH STREET | LOS ANGELES, CA 90059 | P: (323) 566-4561
E: 109THSTREET.RECREATIONCENTER@LACITY.ORG

Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements. Achieving gender equity through a continuous commitment to girls and women in sports.

THE CLASSES AND PROGRAMS IN THIS FLYER MAY BE SUBJECT TO CANCELLATION.
PAYMENT BY CHECK, MONEY ORDER, MASTERCARD OR VISA.
A COLLECTION FEE WILL BE CHARGED FOR EACH RETURNED CHECK.

UNIVERSALplay
SPORTS/PHYSICAL FITNESS
CLASSES & LEAGUES
AGES 15 & UNDER

$10.00

Produced free made possible through this universal play program.
# SPORTS REGISTRATION FORM

## SPORTS REGISTRATION FORM

### SPORT

#### DIVISION

### PLAYER INFORMATION

- **Last Name**: ____________________________  **First Name**: ____________________________

- **Gender**:
  - Male  
  - Female

- **Date of Birth**: __/__/____  **Age**:____  **Grade**:____  **School**:__________________________

**Do you have a brother or sister playing in this same age division?**
- Yes  
- No

**If Yes: Name**: ____________________________

***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#**:__________________________

### VOLUNTEERS NEEDED

Check below if you are interested in helping with one of the following:
- **Coach**  
- **Assistant Coach**

**Name**: ____________________________  **Phone Number**:__________________________

### PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the sports league at 109TH STREET R.C. 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 park carries no insurance.

I, the undersigned parent(s) of ____________________________, do authorize **109TH STREET RECREATION 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.

By participating in the program at 109TH STREET RECREATION CENTER, I, the undersigned, agree to allow the City of Los Angeles Department of Recreation and Parks and Peck Park Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials.

**Signature of Parent/Guardian**: ____________________________  **Date**:__________________________

### PARENT’S 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.

**Parent Signature**: ____________________________  **Date**:__________________________

### 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. 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.

**Player Signature**: ____________________________  **Date**:__________________________

### REFUND POLICY

No Refunds will be issued after the draft date.

**INITIALS**:_______

### TROPHIES

- Must be picked up one month after completion of the league.

**INITIALS**:_______

### SPECIAL REQUESTS

- May not be guaranteed. Same team privileges only apply to siblings. The goal of 109th Street Recreation Center Sports Program is to provide a balanced and competitive league.

**INITIALS**:_______

### OFFICE USE ONLY

- **RR#**:_______
- **AMOUNT**:_______
- **RECEIVED BY**:_______