

**CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS  
PACIFIC REGION**

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

Please Check Uniform Size:  YS  YM  YL  YXLg  SM  Med  Lg  XLg  2XLg  3XLg

**SPORT: Soccer**

Division:  Pee-Wee  Minors  Majors  Juniors  
Ages: 5 - 7      Ages: 8 - 10      Ages: 11 - 12      Ages 13 - 15

**PLAYER**

PLEASE PRINT CLEARLY AS THIS NAME WILL APEAR ON THE CHILD'S AWARD

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender (Circle one): M or F

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Are you a returning player?  Yes  No If yes, Team: \_\_\_\_\_ Division: \_\_\_\_\_

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

If yes: Name: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*Same team privileges will only apply to siblings ONLY\*\*\*

**GENERAL**

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Please check if you are interested in the following:**  Coach  Assistant Coach  Volunteer

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 attend and participate in the Choose an item. athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors 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 activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

**Right of Publicity:** I authorize the city of Los Angeles Department of Recreation and Parks to make, procure, or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

I, the undersigned parent of, \_\_\_\_\_ a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks 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: \_\_\_\_\_

**PARENTS' 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: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)