

CITY OF LOS ANGELES DEPARTMENT OF RECREATION & PARKS

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

SPORTS REGISTRATION FORM

Sport _____	Division _____	NUMBER
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P L A Y E R	Last Name _____ First Name _____ Birthdate ___/___/___ Age _____ Grade _____ Gender _____ School _____ Do you have a brother or sister playing in the same age division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes. Name _____ Age _____ *Same team privileges will only apply to siblings*
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G E N E R A L	Home Address _____ City _____ Zip _____ Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ Email address _____ Emergency Contact Name _____ Home Phone _____ Work Phone _____ Cell Phone _____
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Please check below if you are interested in one of the following

Coach
 Assistant Coach
 Volunteer

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the _____ 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 & Parks, it's officer agents and employees from any liability in connection with any injury to my child in this league. I understand that the Recreation Facility CARRIES NO INSURANCE.

I, the undersigned parent of _____ a minor, do hereby authorize **BELLEVUE STAFF** 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 extreme 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 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)

Please circle one size for Uniform
Youth small Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL Adult XXL