

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

SPORTS REGISTRATION FORM (please write legibly) (Age as of January 1, 2019)

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|--------------|---|
| SPORT | Lil Kicker Co-Rec: 2015,2014 Minor Co-Rec: 2008, 2009 Rookies Co-Rec: 2012, 2013 Major Co-Rec: 2006, 2007 Pee Wee Co-Rec: 2010, 2011 Juniors Co-Rec: 2003,2004,2005 |
|--------------|---|

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|--|---|
| P L A Y E R | Last Name _____ First Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Birthdate ____ / ____ / ____ Age ____ Grade ____ Height ____ Weight ____ School _____ Shirt Size _____ |
| | Are you a returning player? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Team _____ Division _____ |
| | Do you have a brother or sister playing in this same age division? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes: Name _____ Age _____ Same team privileges will only apply to siblings |

| | |
|--|---|
| G E N E R A L | Address _____ City _____ Zip Code _____ |
| | Parent/Guardian _____ Home Phone _____ |
| | Work Phone _____ Cell Phone _____ Email _____ |
| | Emergency Contact Name _____ Home Phone _____ |
| | Work Phone _____ Cell Phone _____ Email _____ |

Please check below if you are interested in helping with one of the following:

Coach **Assistant Coach** **Volunteer** _____ **Team**

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

PARENT CONSENT FORM (PLEASE READ AND SIGN)

I, the undersigned, give permission for my child, whose name appears above, to participate in the **BOYLE HEIGHTS SPORTS 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 **BOYLE HEIGHTS SPORTS 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 AND AGE VERIFICATION (PLEASE READ AND SIGN)

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** _____

| RW NUMBER (STAFF USE) | AMOUNT (STAFF USE) | RECEIVED BY (Initial) (STAFF USE) | AGE VERIFIED (Initial) (STAFF USE) |
|-----------------------|--------------------|-----------------------------------|------------------------------------|
| R# _____ | \$10.00 _____ | _____ _____ | _____ _____ |

PLEASE READ AND SIGN THE BACK OF THE REGISTRATION FORM.

