

**Branford Recreation Center - Sports Registration Form 2022**

<b><u>SPORT:</u></b>	<b><u>UNIFORM SIZE:</u></b>	<b><u>DIVISION:</u></b>	<b><u>SEASON</u></b>
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<b>P L A Y E R</b>	Last Name: _____ First Name: _____ <span style="float:right;"><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</span>
	Birthdate: _____ Age: _____ School Name: _____
	Please list any conditions or special needs that may affect participation in sports league: _____ _____
	Do you have a brother or sister playing in the <b>SAME DIVISION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Age: _____

<b>C O N T A C T</b>	<b>Parent /Guardian Name</b> _____ <b>Cell Phone #</b> _____ <b>Cell Phone Provider</b> _____
	<b>Address:</b> _____ <b>City</b> _____ <b>Zip Code</b> _____
	<b>Email</b> _____ <b>Alt. Phone</b> _____
	<b>Parent /Guardian Name</b> _____ <b>Cell Phone #</b> _____ <b>Cell Phone Provider</b> _____
	<b>Address:</b> _____ <b>City</b> _____ <b>Zip Code</b> _____
	<b>Email</b> _____ <b>Alt. Phone</b> _____
<b>Emergency Contact Name:</b> _____ <b>Primary / Cell Phone:</b> _____	

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

- Coach                       Assistant Coach                       Team parent

**PLEASE READ AND INITIAL EACH ITEM**

\_\_\_\_\_ **CONSENT:** By registering I understand that I give my authorization to participate in the Branford Recreation Center programs and all activities therein. I further agree to relieve the City of Los Angeles Department of Recreation & Parks, its officers, agents, and employees from any liability for injury to my child resulting from and/or in connection with the activities in its programs. I, \_\_\_\_\_ understand the Recreation Center **CARRIES NO INSURANCE**. I do hereby authorize the City of Los Angeles to act as agent for my child: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act & on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to say agent.

\_\_\_\_\_ **LEAGUE POLICIES:** I understand that **coach & carpool requests WILL NOT be honored**; same team requests apply only to siblings. I understand that games & practices may be scheduled on various days and times of the week, based on volunteer coaches' availability. I understand that teams are made from evaluations to ensure balanced teams & that my child is **REQUIRED** to attend one of the evaluation days.

\_\_\_\_\_ **PHOTO RELEASE:** By registering I agree to allow the City of Los Angeles Department of Recreation & Parks and Branford Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option my child to be excluded.

\_\_\_\_\_ **REFUND POLICY:** FULL REFUNDS are only issued when the Recreation Center cancels the activity. A minimum 15% cancellation fee is assessed for all refunds. Changes/transfers per sports league may be assessed additional fees. Please allow 6-8 weeks for processing of all refunds.

**I have read, understand, and agree to abide by the above mentioned policies and practices.**

\_\_\_\_\_  
PARENT SIGNIATURE

\_\_\_\_\_  
DATE

Receipt Number	Date Paid	Amount Paid	Staff Initials	Age Verified

## COVID-19 Acceptance of Risk and Waiver of Liability (COVID-19 Aceptación del Riesgo y Renuncia a la Responsabilidad)

By my participation I am fully aware that there are a number of risks associated with me and/or my child entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period.

**All classes will adhere to all current CDC and LADPH Covid-19 guidelines. Pursuant of City of Los Angeles Ordinance No. 187219 all individuals that are eligible (Ages 12 and over) for the COVID vaccination participating or entering an indoor facility must show proof of COVID-19 Vaccination. A negative weekly test will be required for those under the age of 12 to enter the facility.**

Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death.

On behalf of myself and/or my child and our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my and/or my child's entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "**City Representatives**"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") as a result of me and/or my child entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all

Damages resulting from me and/or my child's contraction of COVID-19.

(Por favor tenga en cuenta que, con su participación, reconoce que es plenamente consciente de que existen una serie de riesgos asociados con su entrada y / o la de su menor acompañado a la propiedad del Departamento de Recreación y Parques (RAP) de la Ciudad de Los Ángeles, participando en programas de RAP, y utilizando equipos de RAP e instalaciones durante la pandemia de COVID-19. Esta renuncia, divulgación y otras representaciones y convenios establecidos en este documento se dan en consideración para que RAP le permita a usted y / o a su menor acompañado participar en los programas de RAP durante este período de emergencia.

Por lo tanto, sin limitación, usted reconoce y entiende que usted y / o su menor acompañado podrían contraer la enfermedad de COVID-19, la cual podría ocasionar una grave infección médica que requiera tratamiento médico en un hospital o posiblemente la muerte.

En nombre de usted y / o de su menor acompañado y sus herederos, sucesores y asignados, usted, consciente y libremente asume todos los riesgos relacionados con COVID-19, tanto conocidos como desconocidos, relacionados con su entrada y / o la de su menor acompañado en la propiedad de RAP, participación en programas de RAP y utilización de equipos e instalaciones de RAP como se describe anteriormente, y por la presente libera, renuncia y descarga para siempre RAP, junto con sus oficiales, agentes, empleados u otros representantes, y sus sucesores y asignados (colectivamente, los "**Representantes de la Ciudad**"), de cualquier reclamo relacionado con COVID-19, demandas, responsabilidades, derechos, daños, gastos y causas de acción de cualquier tipo o naturaleza, y otras pérdidas de cualquier tipo, ya sean conocidas o desconocidas, previsto o imprevisto (colectivamente, "**Daños**") como resultado de que usted y / o su menor acompañado ingresen a la propiedad de RAP, participen en programas de RAP, y utilicen equipos e instalaciones de RAP como se describió anteriormente, incluyendo, entre otros, lesiones personales, muerte, enfermedad o pérdidas de propiedad, o cualquier otra pérdida, y incluye, en otros, reclamos basados en la presunta negligencia de cualquier Representante de la Ciudad o cualquier otra persona relacionada con la desinfección de COVID-19. Además, promete no demandar a RAP ni a ningún Representante de la Ciudad, y acepta indemnizarlos y eximirlos de cualquier daño que resulte en la contratación de COVID-19 de usted y / o su menor acompañado.)

### AUTHORIZATION TO PARTICIPATE (LA AUTORIZACIÓN PARA PARTICIPAR)

My child, a minor, has my permission to participate in all the activities. I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games and sports activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks **CARRIES NO INSURANCE.**

(Mi hijo, un menor, tiene mi permiso para participar en todas las actividades. Entiendo que ciertas actividades por naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las amplias medidas adoptadas por el personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo la naturaleza de los juegos y actividades deportivas y soy consciente de la experiencia y capacidades del menor y creo que mi hijo está calificado, con buena salud y en condiciones físicas y emocionales adecuadas para participar en tales actividades. Estoy de acuerdo en liberar a la Ciudad de Los Ángeles, el Departamento de Recreación y Parques, sus oficiales y agentes y empleados de cualquier lesión a mi hijo en relación con este programa. Además, entiendo que el Departamento de Recreación y Parques de la Ciudad de Los Angeles NO OFRECE SEGURO.)

### CONSENT TO TREATMENT OF A MINOR (AUTORIZACIÓN DE TRATAMIENTO DE UN MENOR)

I, as the parent and /or legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any 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 Medicine Practice Act on the staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of the 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 their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

(Yo, como el padre/guardián del menor participando en este programa, autorizo a la Ciudad de Los Angeles Departamento de Recreación y Parques que se comporten como agentes en dar autorización en examen de rayos X, anestesia, diagnóstico médico o cirugía, tratamiento y hospitalización que es aprobado y vigilado por un Médico licenciado profesional que convive con las provisiones del Medicine Practica Acto en los empleados del hospital licenciado, cuando alguna acción sea requerida en la oficina del Médico o Hospital. Es entendido que esta autorización es dada anteriormente en prever alguna situación que se requiera alguna acción y el Medico decide que acción sea admisible. Esta autorización será efectiva hasta la conclusión del programa de cual el menor estará participando en y será efectiva hasta que sea sometido en una carta escrita y entregada a el agente en cual el menor estará por el período del programa.)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# BE A GOOD SPORT

## 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*

1. I will play by the rules, and refrain from arguing or complaining about the official's decisions.
2. I will be a role model of good sportsmanship and character and will meet my responsibilities to the coach and the team.
3. I will play for the fun of it, and do my best to make sure that the game is fun for all participants.
4. I will demonstrate fair play and sportsmanship. I will treat participants, coaches, recreation administrators, and the public with respect as I would like to be treated.
5. I will refrain from the use of alcohol, drugs, or tobacco at all youth sports events.
6. I will make only positive and encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents and officials.
7. I will remember that the goals of the game are to have fun, improve skills and feel good about playing. I will not take the game or myself too seriously. I will control my temper.
8. I will work equally hard for the team as for myself, and will always give my best effort.
9. As a player, I have rights and responsibilities I will remember that I am a sports player and that the game is for my enjoyment and my skill improvement.
10. I will demonstrate good sportsmanship.

*I understand that the penalties for not adhering to this Code of Conduct may range from verbal warning to expulsion from the activity.*

PRINT PLAYER'S NAME \_\_\_\_\_

FACILITY \_\_\_\_\_

PLAYER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**BE A GOOD SPORT**

# BE A GOOD SPORT

## 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*

1. I will place the emotional and physical well-being of the children above any personal desire to win. I will help my child understand the valuable lessons sports can teach.
2. I will be a role model of good sportsmanship and character. I will help my child meet his/her responsibilities to the coach and the team.
3. I will do my best to make sure that the game is fun for all participants.
4. I will lead by example in demonstrating fair play and sportsmanship to all participants. I will treat participants, coaches, recreation administrators, and public with respect.
5. I will help maintain a sports environment for all participants that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
6. I will make only positive and encouraging comments to players on both teams. I will not interfere or coach from the stands.
7. I will remember to not take the game or myself too seriously.
8. I will strive to create a positive recreational experience for everyone involved in the activity.
9. I will remember that I am a youth sports parent, and that the game is for children and not adults. Accordingly, I will encourage my child to play sports by providing a supportive atmosphere, but not pressure.

*I understand that the penalties for not adhering to this Code of Conduct may range from verbal warning to expulsion from the activity.*

PRINT PARENT'S/GUARDIAN NAME \_\_\_\_\_

FACILITY \_\_\_\_\_

PARENT'S/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**BE A GOOD SPORT**