



GRYD Summer Night Lights 2024 ADULTS Sports Registration Form



SPORT: Basketball Soccer Softball Volleyball **DIVISION:** _____

Participant 's Name (First & Last): _____ **Birthdate:** ____/____/____ **Age:** ____ **Sex:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone Number: () _____

Emergency Contact Name: _____ **Phone Number: ()** _____

Jersey Size:

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL

Ethnicity: African American Asian American Caucasian Latino Native American Other: _____

*I understand that as a registered participant of an SNL sports league I will receive one (1) uniform, to be distributed by the Recreation and Parks SNL Coordinator. **Participant Initials** _____*

CONSENT FOR MEDICAL CARE

I, whose name appears above, will participate in the Summer Night Lights athletic program. I understand the nature of the sports activities and confirm that I am qualified, in good health, and in proper physical condition to participate in such activities.

I agree to relieve the Mayor's Office of Gang Reduction and Youth Development, Summer Night Lights Program, the City of Los Angeles, and Department of Recreation and Parks, its agents, officers, and employees from any liability in connection with any injury I sustained connection with participation in any Summer Night Lights related sports activities.

I understand that neither the Mayor's Office of Gang Reduction and Youth Development, nor the Recreational Facility CARRIES INSURANCE.

I do authorize the Mayor's Office of Gang Reduction and Youth Development, City of Los Angeles, and Department of Recreation and Parks, its agents, officers, and employees to act as an agent on my behalf if I am unable to and 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 judgment may deem advisable. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

Signature of Player: _____ **Date:** _____

PLAYER CODE OF CONDUCT

I hereby pledge to live up to my responsibilities as a player participating in the Summer Night Lights Sports program by following the player's code of conduct.

As a player, I will be a role model of good sportsmanship and character and meet my responsibilities to the coach and the team. As a player, I will be a good sport by cooperating with my coaches, teammates, opponents and officials. As a player I will play by the rules and never argue or complain about the official's decisions.

As a player I will play for the fun of it and do my best to make sure that the game is fun for all participants. I will lead by example in demonstrating fair play and sportsmanship to all participants. I will treat participants, coaches, recreation administrators and the public, with respect. 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 sports events. I will make only positive and encouraging comments to players on both teams.

As a player, 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 and I will control my temper. I will strive to create a positive recreational experience for everyone involved in the activity.

I will discuss the significance of this code of conduct with my family members and friends. I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.

Signature of Player: _____ **Date:** _____

MEDIA/ USE OF IMAGE

I hereby grant the Mayor's Office of Gang Reduction and Youth Development Summer Night Lights program, the City of Los Angeles and the Department of Recreation and Parks permission to make, procure, or use photographs, films, tapes or other likenesses of my/or my child's, physical image and/or voice as may be needed for use with the programs and/or City's publicity, marketing, and/or advertising materials without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or copy that maybe be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

Signature of Player: _____ **Date:** _____