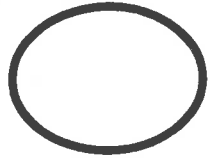


Good Sportsmanship is Everyone's Responsibility... Be a Good Sport



SPORTS REGISTRATION FORM 2020

SPORT: _____	DIVISION: _____	UNIFORM SIZE: _____
---------------------	------------------------	----------------------------

PLAYER	Last Name: _____ First Name: _____ Female: ___ Male: ___
	Birthday: ___/___/___ Age: ___ Grade: ___ Height: ___ Weight: ___ 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

GENERAL	If yes, Name: _____ Age: _____ <small>Same team privileges will only apply to siblings</small>
	Address: _____ City: _____ Zip Code: _____
	Parent/Guardian: _____ Home Phone: _____
	Work Phone: _____ Cell Phone: _____ Email: _____
	Emergency Contact Name: _____ Home Phone: _____

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 _____

Refund policy: Full refunds are only issued when the recreation center cancels the activity. A 15% cancellation fee is assessed for all refunds. Changes or transfers per class may be assessed additional fees. After the first day of a session, Hollywood Recreation Center issues a partial refund to patrons withdrawing from the activity.

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **Hollywood RC** athletic program. 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 **City of Los Angeles** 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 say agent.

Signature: _____ Date: _____

PARENT'S 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)