

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

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

Please Check Uniform Size: Youth Med Youth Lg. Small Med Large X-Lg. 2XLg. 3XLg. _____

| | | | | |
|---------------------------------------|-----------------------------------------|------------------------------|-------------------------------|--------------------------------|
| SPORT: Jr. Clippers Basketball | DIVISION: Pee-Wees (Ages 5-7) | Minors (Ages 8-10) | Majors (Ages 11-12) | Juniors (Ages 13-15) |
|---------------------------------------|-----------------------------------------|------------------------------|-------------------------------|--------------------------------|

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|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|------------------------|---------------|
| P L A Y E R | PLEASE PRINT CLEARLY AS THIS NAME WILL APPEAR ON | | | | |
| | Last Name: _____ | First Name: _____ | Suffix: _____ | Gender (M or F): _____ | |
| | Birth Date: ____ / ____ / ____ | | Age: ____ | Grade: ____ | School: _____ |
| | 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? Yes No If yes: Name _____ Age _____ | | | | |

****Same team privileges will only apply to siblings ONLY****

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

Please check if you are interested in the following: Coach Assistant Coach Volunteer

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

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in **Jim Gilliam Recreation Center's Youth Sports Program**, including transportation to and from the recreation center and game sites by City Van or carpool. 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, employees, and fingerprinted volunteer staff from any liability in connection with any injury to my child in connection with the league in which they participate. I understand that the Recreation Facility CARRIES NO INSURANCE. I understand that the City of Los Angeles Department of Recreation and Parks reserve the right to dismiss a child for any conduct detrimental to the program.

Right of Publicity: I authorize the City of Los Angeles Department of Recreation and Parks and the Imperial Courts Recreation Center Youth Sports Program to make, procure, or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with the programs publicity material in perpetuity without compensation.

I, the undersigned parent of, _____ a minor, do hereby authorize **Jim Gilliam Recreation Center's 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 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 _____

PARENTS'/GUARDIANS' 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) |
|-----------|--------|-----------------------|------------------------|
| | | | |

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