

**CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS
PACIFIC REGION**

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

Please Check Uniform Size: YS YM YL YXLg SM Med Lg XLg 2XLg 3XLg

SPORT: Basketball

Division: Pee-Wee Minors Majors Juniors
Ages: 5 - 7 Ages: 8 - 10 Ages: 11 - 12 Ages 13 - 15

PLAYER

PLEASE PRINT CLEARLY AS THIS NAME WILL APPEAR ON THE CHILD'S AWARD

Last Name: _____ First Name: _____ Suffix: _____ Gender (Circle one): M or F

Birth Date: ____ / ____ / ____ Age: _____ Grade: _____ 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

If yes: Name: _____ Age: _____

Same team privileges will only apply to siblings ONLY

GENERAL

Address: _____ Apt. # _____ City: _____ Zip Code: _____

Parent/Guardian: _____ Home Phone: _____

Work phone: _____ Cell phone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Home phone: _____ Work phone: _____ Cell phone: _____

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:

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the **Leland Recreation Center** athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors 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 activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

Right of Publicity: I authorize the city of Los Angeles Department of Recreation and Parks 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 the City of Los Angeles, Department of Recreation and Parks 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' 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)