



GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY ... BE A GOOD SPORT

# SPORTS REGISTRATION FORM

SPORT	DIVISION	UNIFORM SIZE	
<b>P L A Y E R  G E N E R A L</b>	Last Name _____ First Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___ / ___ / ___ Age _____ Grade _____ School _____ Do you have a brother or sister playing in this same age division? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Name _____ <p style="text-align: center;"><b>Same team privileges will only apply to siblings</b></p>		<b><u>CIRCLE ONE</u></b>  <b>YOUTH:</b> SM MED LRG  <b>ADULT:</b> SM MED LRG XL
	Parent/Guardian _____ Email _____ Address _____ Apt# _____ City _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ Emergency Contact Name _____ Phone# _____		

**VOLUNTEERS NEEDED. Check below if you are interested in helping with one of the following:**

Coach  Assistant Coach Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT CONSENT FORM**

I, the undersigned, give permission for my child, whose name appears above, to participate in the sports league at PECK PARK R.C. I agree to hold harmless the City of Los Angeles, and its officers, agents/employees for any injury to my child as a result of participation in this program. I understand the park carries no insurance.

I, the undersigned parent(s) of \_\_\_\_\_, do authorize PECK PARK RECREATION CENTER as agent for the undersigned 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 or the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

PARENT'S CODE OF CONDUCT	PLAYER'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. I PROMISE TO DEMONSTRATE GOOD SPORTSMANSHIP BY BEING A POSITIVE ROLE MODEL, ENCOURAGING MY CHILD TO PLAY AND HAVE FUN WHILE SUPPORTING MY CHILD'S TEAM IN BOTH VICTORY AND DEFEAT. I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT ADULTS & PROVIDE A SUPPORTIVE ATMOSPHERE. I WILL TREAT COACHES, OFFICIALS, AND RECREATION ADMINISTRATORS WITH RESPECT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.	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. I WILL PLAY BY THE RULES AND NEVER ARGUE OR COMPLAIN ABOUT THE OFFICIAL'S DECISIONS. I WILL TREAT PARTICIPANTS, COACHES, & RECREATION ADMINISTRATORS WITH RESPECT, AS I WOULD LIKE TO BE TREATED. I WILL REMEMBER THAT I AM A YOUTH SPORTS PLAYER AND THAT THE GAME IS FOR MY ENJOYMENT AND MY SKILL IMPROVEMENT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.
PARENT SIGNATURE _____ DATE _____	PLAYER'S SIGNATURE _____ DATE _____

REFUND POLICY	TROPHIES	SPECIAL REQUESTS
No Refunds will be issued after the draft date. Any refunds given between time of registration and draft date will be subjected to a \$20 administration fee.	Must be picked up one month after completion of the league.	May not be guaranteed. Same team privileges only apply to siblings. The goal of Peck Park's Sports Program is to provide a balanced and competitive league.
INITIALS _____	INITIALS _____	INITIALS _____

OFFICE USE ONLY	RR# _____	AMOUNT _____	RECEIVED BY _____
-----------------	-----------	--------------	-------------------