City of Los Angeles – Department of Recreation & Parks

POINSETTIA RECREATION CENTER
7341 Willoughby Ave Los Angeles, California 90046
Phone: (323) 876-5014    Fax: (323) 876-8279
Email: poinsettia.recreationcenter@lacity.org

Refund Policy: A non-refundable Administrative Fee of $15 will be assessed by Poinsettia Recreation Center to any patron granted a refund. Refunds are subject to review by the Department Administration. Full refunds will only be issued when a program is cancelled.

Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements. Achieving gender equity through a continuous commitment to girls and women in sports.
REGISTRATION/EMERGENCY INFORMATION

Player Information:

T-Shirt Size (circle Y-Youth/A-Adult) : ___Y or ___A-Small    ___Y or ___A-Med     ___Y or ___A-Large     ___Y or ___A-A Large
___A 2XLarge   ___A X Large

Last Name ____________________________________________ First Name _____________________________________

Birthdate _____/_____/_____ Age _____ Grade _____ Height _____ Weight _____ School _________________________

Address: ____________________________________________________________________________________________

City: ______________________________________________ State: ______________________Zip___________________

Father_________________________________________________ Work Phone # (     ) _____________________________
Cell Phone # (     ) ________________________________ Email: _______________________________________________

Mother_________________________________________________ Work Phone # (     ) _____________________________
Cell Phone # (     ) ________________________________ Email: __________________________________________________

Are you a returning player?  _____Yes     _____No  If yes, Team: _____________________ Division: ________________
Same team privileges will only apply to siblings

Do you have a brother or sister playing in this same age division? _____Yes  _____No
If yes: Name___________________________________________________________________________________________

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

Parent Consent Form

I, the undersigned, give permission for my child, whose name appears above, to participate in the POINSETTIA athletic program. 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 and employees from any liability in connection with any injury to my child in connection with this league. I understand POINSETTIA CARRIES NO INSURANCE.

I, the undersigned parent of, __________________________________a minor, do hereby authorize POINSETTIA volunteers, coaches and/or employees as agents 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 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.

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