

## CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

# RAMON GARCIA RECREATION CENTER

1016 S. FRESNO ST. LOS ANGELES, CA 90023 PHONE NUMBER: (323)265-4755



# 2025 FALL CO-REC ADULT SOFTBALL LEAGUE

# THURSDAY CO-REC ADULT SOFTBALL -REGISTRATION - INDIVIDUAL MUST BE 18 YEARS OLD OR OLDER TO PLAY

## PLEASE COMPLETE THIS FORM CLEARLY AND COMPLETELY \* ONE FORM PER PARTICIPANT

Last Name:	First Name:	M / F
Street Address:		Apt. #:
City:Zip Code:	Email:	
Home Phone: ()	Cell/Work Phone: (	)
Date of Birth:///	Team Name:	
Emergency Contact:	Relation to Participant:	
Emergency Contact's Number: ()	Alternative Phone Number: (	)
Would you like to be considered as a	team manager this s Yes:	NO:
List any Thursday game dates you ca	nnot play:	
Informed Consent:  I, the undersigned, hereby agree to defend, employees and agents from and against any fees) and causes of action of whatsoever che Co-Rec Adult Softball Program or be in an accident, medical, liability or any other insuparticipating in this softball program with feand in sufficient condition to participate in Code of Conduct. (see City of LA's Code of Conduct.)	and all loss, damage, liability, character which may arise by reason y way connected therein. The City arance for this softball program's full responsibility for assumed risk Co-Rec Adult Softball League plants.	narges and expenses (including attorney n of partcipation in this Ramon Garcia y of Los Angeles does not provide participants. I understand that I am x. I further attest that I am physically fit ay and will abide by the City of LA's
I, the undersigned, do hereby authorize Rar anesthetic, medical or surgical diagnosis or rendered under the general and specialized staff of a licensed hospital, whether such di hospital. It is understood that this authoriza which deemed aforementioned physician m	treatment, and hospital care which supervision of a physician license agnosis or treatment is rendered a tion is given in advance of any su	ch is deemed advisable by and is to be ed under the Medical Practice Act on the at the office of said physician or at said
SIGNATURE:	DATE:	

#### **CODE OF CONDUCT**

The Participant's Code of Conduct applies to all players, coaches, managers, and followers. This code applies to players as individuals or as a team, and the penalties can be applied to any individual or an entire team. This code becomes effective as soon as the participants arrive at the facility of play and remains in effect until the participants leave the facility.

## A. No Participant shall:

- 1 At any time lay hand upon, push, shove, strike or threaten to strike an official, player, or spectator.
- 2 Be guilty of physical attack as an aggressor upon any player, official or spectator.
- 3 Endanger the safety of any player, official or spectator.

# B. No Participant shall:

- 1 Refuse to abide by an official's decision.
- 2 Be guilty of heaping personal, verbal abuse upon any official for any real or imaginary wrong decision or judgement.
- 3 Be guilty of using unnecessary rough tactics in the play of the game against an opposing player.

# C. No Participant shall:

- 1 Be guilty of objectionable demonstrations of dissent at an official's decision by throwing equipment or any other forcebul action.
- 2 Discuss with an official in any manner the decision reached by such official (except Manager).

### D. No Participant shall:

- 1 Smoke while going on or coming off the facility, or while on the field of play.
- 2 Be guilty of discussing publicly whith spectators in a derogatory manner any play, decision, or perosnal opinion of other players during the game. (No trash Talk!)
- **3** Appear on/at the facility at any time in an intoxicated condition, or consume any alcoholic beverage while on a recreation facility.

NOTE: We are mandating that officials report any participant that is difficult or that refuses to abide by our league's motto of friendly competition - no profanity. We are committed in making our leagues the best they can be. Particular attention will be made to player conduct and excessive contact.

PRINT NAME:	FA	CILITY: <u>RAMON GARCIA RC</u>
PLAYER'S SIGNATURE:	DA	ATE: