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DATE:

City of Los Angeles Department of Recreation and Parks

ROBERTSON RECREATION CENTER



Division   Competitive   B-LEAGUE: 18+   Moderate Competitive   Rec1-LEAGUE: 30+   Recreational	Participant	ADULT REGISTRATION FORM	ADULT BA	SKETBALL	SEASON: SUMMER 2022	
PARTICIPANT INFORMATION   Información de Participante   Updated contact informacion is to be provided to the Community Sports Office within 20 days of any changes.	PARTICIPANT INFORMATION Información de Participante Updated contact information is to be provided to the Community Sports Office within 20 days of any changes.  First Name: Last Name: Male   Female   Primer Nombre   Apellido   Hombre Mujer   Birth Date   Address: Apt #: City: State: Zip: Diroccion	DIVISION:	A-LEAGUE: 18+	B-LEAGUE: 18+	REC-LEAGUE: 30+	
PARTICIPANT INFORMATION Información de Participante Updaled contact information is to be provided to the Community Sports Office within 20 days of any changes  First Name: Last Name: Male   Female   Hombre Mujer Birth Date  Address: Apt #: City: State: Zip:  Dirección # Apt Ciuda Estad Postal  Cell Phone #: Email: Apt #: City: State: Zip:  Dirección # Apt Ciuda Estad Postal  Cell Phone #: Email: Company Phone #: Company Phone Phone Phone: Company Phone Phone: Company Phone Phone: Company Phone: C	PARTICIPANT INFORMATION    Información de Participante   Updated contact information is to be provided to the Community Sports Office within 20 days of any changes.    First Name:	Division	Competitive	Moderate Competit	tive Recreational	
First Name:   Last Name:   Male   Female   Apellido   Hombre   Mujer   Birth Date	First Name: Last Name: Apellido Male   Female   First Name: Mujer   Birth Date   Address: Apt #: City: State: Zip: Direction # Apellido   Cludad   Estado   Postal   Direction # Apil   City: State: Zip: Direction # Apil   City: Secondary Phone #: Email: Collede   Estado   Postal    Cell Phone #: Secondary Phone #: Email: Correctication   Segundo # de Telefono   Correctication   Correction   Correctication   Correctication   Correctication   Correctio	I'm on Team	Free Agent (Individual)			
First Name:   Last Name:   Male   Female   Apellido   Hombre   Mujer   Birth Date	First Name:   Last Name:   Male   Female   Mujer   Birth Date	PARTICIPANT INFORMATION Información de Participante				
Address:	Address:			•	•	
Address:	Address:	First Namo	est Namo:	Malo □ F	Eomalo □	
Cell Phone #: Secondary Phone #: Email: # de Telefono Celular  Segundo # de Telefono  May we text/email you updates about the program? Podemos mandarle text/email con informacion del programa?   Yes, please. Si, porfavor.	Cell Phone #: Secundary Phone #: Email: # de Telefono Celular  Segundo # de Telefono Celular  Segundo # de Telefono Celular  Segundo # de Telefono Celular  May we text/email you updates about the program? Podenos mandarle text/email con informacion del programa?   Yes, please. Si, porfavor.   No, thank you. No gracias   Yes, please. Si, porfavor.   No, thank you. No gracias   Temperature   Segundo # de Telefono Coach/Manager   Scorekeeper   Offficial   Other					
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## de Telefono Celular    Segundo # de Telefono   Correo Electronico	Cell Phone #: Secondary Phone #: Email:	Direccion	_ Apt # City # Apt Ciuda			
May we text/email you updates about the program? Podemos mandarle text/email you updates about the program? Podemos mandarle text/email con informacion del programa? □Yes, please. Si, porfavor. □ No, thank you. No gracias. □Coach/Manager □Scorekeeper □Official □Other  ### Contamos con Voluntarios. Diganos como puede ayudar. □Coach/Manager □Scorekeeper □Official □Other  #### Information must be DIFERENT than above informacion de Contacto de Emergencia  ##### Information must be DIFERENT than above informacion de Contacto de Emergencia  ##### Information must be DIFERENT than above informacion de Contacto de Emergencia  ###################################	May we text/email you updates about the program? Podemos mandarle text/email con informacion del programa? □Yes, please. Si, porfavor. □ No, thank you. No gracias. □Cach/Manager □Scorekeeper □Official □Other    Contamos con Voluntarios. Diganos como puede ayudar. □Chere   Contamos con Voluntarios. Diganos co			_	11	
May we text/email you updates about the program?  Podemos mandarle text/email con informacion del programa?  Yes, please. Si, porfavor. No, thank you. No gracias.  Coach/Manager Scorekeeper Official Other  EMERGENCY CONTACT INFORMATION  ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia  Name: Phone: Relationship: Relacion  PLAYER RELEASE OF LIABILITY Registration application will not be accepted without payment in full, and a completed registration form.  WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the City of Los Angeles Department of Recreation and Parks activity/program, I hereby waive, release and discharge all claims for damages for death, personal injury, or properly damage which may occur as a result of my participation in the league or any activity incident thereor. This release discharges in advance the City of Los Angeles Department of Recreation and Parks, its officers, agents, servants, and employees, and game officials (hereinafter referred to collectively as "CITY") from liability even though that liability may arise out of the CITY's active or passive negligence or carelessness. I acknowledge that some recreational activities, including this activity/program, involve an element of risk or danager of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from CITY. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the court/field or any equipment thereon. I understand that this form will remain on file with the CITY and it will apply to the current season as well as my participation in future seasons in the Adult Scitvites/Program. Lertify that I have no medical condition that would cause participation in this program to increase the risk of hazard to my health. In addition, I authorize the CITY to	May we text/email you updates about the program?  Podemos mandarle text/email con informacion del programa?  Yes, please. Si, porfavor. No, thank you. No gracias    Coach/Manager   Scorekeeper   Official   Other     Coach/Manager   Scorekeeper   Official   Other     EMERGENCY CONTACT INFORMATION   ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia   ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia   ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia   ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia   ***Information must be DIFFERENT than above Informacion de Contacto de Emergencia   ***Informacion debe ser DISTINTO a la informacion de arriba.					
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RECEIVED

BY Staff

AMOUNT PAID

FORM OF PYMT

□ CC

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