



City of Los Angeles Department of Recreation and Parks



NATASHA WATLEY SOFTBALL LEAGUE

PLAYER INFORMATION

Last Name: _____ First Name: _____

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

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

Are you a returning player: Yes No If yes, from which center did you participate _____
Recreation Center Year Played

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Home Phone: _____

Work: _____ Ext: ____ Cell: _____ Email: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____ Home Phone: _____

Work: _____ Ext. ____ Cell: _____ Email: _____

PLEASE CIRCLE

How did you hear about this program? Banner Friend/Relative Flyer Website

Ethnicity: Hispanic or Latino Black or African American Asian White American Indian Pacific Islander

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in THE NATASHA WATLEY SOFTBALL LEAGUE, including transportation to and from recreation center and game sites by City van or car pool. 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, employees and The Natasha Watley Foundation from any liability in connection with any injury to my child in connection with the league in which they participate. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and the Natasha Watley Foundation. **I understand that the City of Los Angeles carries no insurance.** I also understand that the City of Los Angeles Department of Recreation and Parks and the Natasha Watley Softball League reserve the right to dismiss a child for any conduct detrimental to the program.

Right of Publicity: I authorize the City and the Natasha Watley Foundation 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 program's publicity material in perpetuity without compensation.

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR AT AN AUTHORIZED HOSPITAL IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT:

I, the undersigned, parent of the Minor, whose name is listed above, do hereby authorize the City of Los Angeles or the Natasha Watley Foundation as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital. It is understood that this authorization is given in advance of any specific 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.

The email addresses collected from registration forms are not sold, or disclosed to any third parties. These addresses will only be used by the City and/or NWF to contact parents regarding the current NWSL and/or send out City or NWF communications (for example, a NWSL Satisfaction Survey or upcoming City programs/newsletters).

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

RECEIPT NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)