



SHATTO RECREATION CENTER

SPORTS REGISTRATION FORM



Sport / Season: _____	Please, circle division AGE: 5/6YRS. 7/8 YRS. 9-10 YRS. 11/12 YRS. 13-15 YEARS		
P L A Y E R	Last Name _____ First Name _____		
	Birthdate ____ / ____ / ____ Age ____ Grade ____ Height ____ Weight ____ School _____		
	Are you a returning player? Yes No If yes, Team: _____ Division: _____		
	Do you have a brother or sister playing in this same age division? Yes No If yes: Name _____ Age _____ Same team privileges will only apply to siblings		
G E N E R A L	Address _____ City _____ Zip Code _____		
	Parent/Guardian _____ Home Phone _____		
	Work Phone _____ Cell Phone _____ Email _____		
	Emergency Contact Name _____ Home Phone _____		
	Work Phone _____ Cell Phone _____ Email _____		
Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport			
Please circle below if you are interested in helping with one of the following: Coach Assistant Coach Volunteer _____ Team			
How did you hear about this program? Mail Newspaper Friend/Relative School Phone Inquiry Other _____			
<u>PARENT CONSENT FORM</u>			
I, the undersigned, give permission for my child, whose name appears above, to participate in the SHATTO RECREATION CENTER 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 SHATTO RECREATION CENTER CARRIES NO INSURANCE.			
I, the undersigned parent of, _____ a minor, do hereby authorize SHATTO RECREATION CENTER volunteers, coaches and/or employees as agents for the under-signed 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.			
Signature _____	Date _____		
<u>PARENTS' OATH TO KIDS</u>			
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 _____		
RW NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)
_____	_____	_____	_____