Please check if you are interested in the following:  □ Coach  □ Assistant Coach  □ Volunteer

How did you hear about this program?  □ Mail  □ Newspaper  □ Friend/Relative  □ School  □ Phone Inquiry  □ Other (please state)_________

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in Recreation Center's Youth Sports Program, including transportation to and from the recreation center and game sites by City Van or carpool. 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 release the City of Los Angeles Department of Recreation and Parks, its officer agents, employees, and fingerprinted volunteer staff from any liability in connection with any injury to my child in connection with the league in which she participates. I understand that the Recreation Facility CARRIES NO INSURANCE. I understand that the City of Los Angeles Department of Recreation and Parks reserve the right to dismiss a child for any conduct detrimental to the program.

Right of Publicity: I authorize the City of Los Angeles Department of Recreation and Parks and the Imperial Courts Recreation Center Youth Sports Program 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 the programs publicity material in perpetuity without compensation.

I, the undersigned parent of, _____________________________ a minor, do hereby authorize __________________ Recreation Center's Staff 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__________

PARENTS'/GUARDIANS' 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: ___________

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BE A GOOD SPORT

GOOD SPORTSMANSHIP IS EVERYONE'S RESPONSIBILITY

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

EXPLANATION FROM THE ACTIVITY:

I understand that the penalties for not adhering to this Code of Conduct may range from verbal warning to

10. I will demonstrate good sportsmanship.
9. I will always give my best effort.
8. I will work equally hard for the team as for myself, and
7. I will always give my best effort.
6. I will make any positive and encouraging comments to players on both teams.
5. I will return from the use of alcohol, drugs, or tobacco at all youth sports
4. I will demonstrate good sportsmanship.
3. I will play for the fun of it, and do my best to make sure that the game is fun for
2. I will be a role model of good sportsmanship.

PLAYERS CODE OF CONDUCT

I hereby pledge to live up to my responsibilities as a player.

1. I will play by the rules; and return from arguing or complaining about the