

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

Good Sportsmanship is Everyone's Responsibility...Be a Good Sport

SPORTS REGISTRATION FORM

CIRCLE ONE

COED Sports: Flag Football Basketball Lacrosse 5-Pitch T-Ball Baseball

G.P.L.A. Sports: Flag Football Basketball Lacrosse Volleyball Softball

Division Name: _____

Player's Last Name: _____ **First Name:** _____

Address _____ **City:** _____ **Zip:** _____

Date of birth ____ / ____ / ____ **Age** _____ **Gender** _____ **Grade** _____ **Sibling in same Div.?** _____

Uniform Sizes: Youth or Adult Small Medium Large X large 2X large

Primary Contact _____ **Cell** _____ **Email** _____

Secondary Contact _____ **Cell** _____ **Email** _____

Emergency Contact _____ **Phone** _____ **Relationship** _____

WE ARE LOOKING FOR VOLUNTEERS!!

OFFICE USE

PLEASE CHECK ONE OF THE FOLLOWING.

HEAD COACH **ASSISTANT COACH** **TEAM PARENT**

Receipt# _____ **\$:** _____

Received by: _____

PLEASE READ AND SIGN

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **WESTCHESTER REC. CENTER** athletic program. I understand that photographs may be taken of my child while participating and may be used to promote the 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 that the Recreation Facility **CARRIES NO INSURANCE**.

I, the undersigned parent of, _____ a minor, do hereby authorize **WESTCHESTER REC. CENTER** 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. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

Parent / Guardian Print Name

Parent / Guardian Signature