



City of Los Angeles Department of Recreation and Parks
 Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport



SPORTS REGISTRATION FORM

YUCCA COMMUNITY CENTER

6671 YUCCA STREET, LOS ANGELES, CA 90028

(323)957-6339 Fax: (323) 957-6344, E-mail: rap.yuccacommunitycenter@lacity.org

SPORT <b style="font-size: 1.2em;">YOUTH SOCCER	DIVISION _____
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P L A Y E R	Last Name _____ First Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate ___ / ___ / ___ Age ___ Grade ___ Height ___ Weight ___ School _____ Are you a returning player? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Team _____ Division _____
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G E N E R A L	Address _____ City _____ Zip Code _____ Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Emergency Contact Name _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____
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Please check below if you are interested in one of the following <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to attend and participate in the **YUCCA COMMUNITY CENTER** athletic program. I understand that my child may be transported to and from the event and that the nature of this event is a sports activity. I know my minors 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 activity. I understand that the City and Recreation Facility CARRY NO INSURANCE.

I, the undersigned parent of, _____ a minor, do hereby authorize the City of Los Angeles, Department of Recreation and Parks 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.

I hereby give permission to the City of Los Angeles Department of Recreation and Parks to photograph and/or videotape my child. The sole purpose of these photographs and/or videos is for publication, advertisement, and exhibition of services offered by the City of Los Angeles Department of Recreation and Parks.

Parent/Guardian Signature _____ Date _____

PARENT'S OATH TO KIDS

I promise to demonstrate good sportsmanship by being a positive role model and encouraging all participants to play and have fun while supporting all teams in victory and defeat.

Parent/Guardian Signature _____ Date _____

TURN OVER & SIGN

