



SPORTS REGISTRATION FORM

REGISTRATION: SPORT CLINIC SPORT LEAGUE



SPORT	DIVISION	CLINIC SESSION:	UNIFORM SIZE SIZE NOT GUARANTEED
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PLAYER INFORMATION

LAST NAME: _____ FIRST NAME: _____

MALE FEMALE BIRTHDATE ___ / ___ / ___ AGE: _____ GRADE: _____ SCHOOL: _____

DO YOU HAVE A SIBLING PLAYING IN THE SAME AGE DIVISION? Yes No

IF YES: NAME: _____

PLEASE CHECK ONE:

YOUTH:
 SM MED LRG

ADULT:
 SM MED LRG

XL XXL

SAME TEAM PRIVILIGES WILL ONLY APPLY TO SIBLINGS

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN: _____ PREFERRED CONTACT METHOD: EMAIL PHONE

ADDRESS: _____ APT# _____ CITY _____ ZIP CODE _____

PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

VOLUNTEERS NEEDED. CHECK BELOW IF YOU ARE INTERESTED IN VOLUNTEERING.

COACH ASSISTANT NAME: _____ PHONE NUMBER: _____

LEAGUE POLICIES AND PARENTAL CONSENT

REFUND POLICY <small>"Full refunds are only issued when the Recreation Center cancels the activity. A 15% cancellation fee is assessed for all refunds."</small>	TROPHIES <small>MUST BE PICKED UP WITHIN 30 DAYS OF END OF LEAGUE TROPHY CEREMONY. UNCLAIMED TROPHIES WILL BE DISCARDED OR DONATED.</small>	SPECIAL REQUESTS <small>SAME TEAM PRIVILEGE ONLY APPLIES TO SIBLINGS. THE GOAL OF STATE STREET SPORTS PROGRAM IS TO PROVIDE A BALANCED AND COMPETITIVE ENVIRONMENT.</small>	UNIFORMS <small>ALL UNIFORMS ARE PREORDERED PRIOR TO START OF SEASON. WHILE WE STRIVE TO PROVIDE SIZES REQUESTED, REQUESTED SIZES ARE NOT GUARANTEED</small>
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I, the undersigned, give permission for my child, whose name appears above, to participate in the sports league at **STATE STREET R.C.** I agree to hold harmless the City of Los Angeles, and its officers, agents/employees for any injury to my child as a result of participation in this program. I understand the park carries no insurance.

I, DO HEREBY authorize **STATE STREET RECREATION CENTER** as agent for the undersigned 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 or the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

By Participating in the programming at STATE STREET RECREATION CENTER, I, the undersigned, agree to allow the City of Los Angeles Department of Recreation and Parks and STATE STREET Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials.

SIGNATURE PARENT/GUARDIAN: _____ DATE: _____

PARENT CODE OF CONDUCT

I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PARENT OF A CHILD PARTICIPATING IN THE DEPARTMENT OF RECREATION & PARKS SPORTS PROGRAM, BY FOLLOWING THE PARENT'S CODE OF CONDUCT. I PROMISE TO DEMONSTRATE GOOD SPORTSMANSHIP BY BEING A POSITIVE ROLE MODEL, ENCOURAGING MY CHILD TO PLAY AND HAVE FUN WHILE SUPPORTING MY CHILD'S TEAM IN BOTH VICTORY AND DEFEAT. I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT ADULTS & PROVIDE A SUPPORTIVE ATMOSPHERE. I WILL TREAT COACHES, OFFICIALS, AND RECREATION ADMINISTRATORS WITH RESPECT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.

PARENT SIGNATURE _____ DATE _____

PLAYERS CODE OF CONDUCT

I HEREBY PLEDGE TO LIVE UP TO MY RESPONSIBILITIES AS A PLAYER PARTICIPATING IN THE DEPARTMENT OF RECREATION & PARKS SPORTS PROGRAM, BY FOLLOWING THE PLAYER'S CODE OF CONDUCT. I WILL PLAY BY THE RULES AND NEVER ARGUE OR COMPLAIN ABOUT THE OFFICIAL'S DECISIONS. I WILL TREAT PARTICIPANTS, COACHES, & RECREATION ADMINISTRATORS WITH RESPECT, AS I WOULD LIKE TO BE TREATED. I WILL REMEMBER THAT I AM A YOUTH SPORTS PLAYER AND THAT THE GAME IS FOR MY ENJOYMENT AND MY SKILL IMPROVEMENT. I UNDERSTAND THAT NOT ADHERING TO THE CODE OF CONDUCT MAY RESULT IN EXPULSION FROM ACTIVITY.

PLAYER SIGNATURE _____ DATE _____

OFFICE USE ONLY	RR# _____	AMOUNT _____	RECEIVED BY _____
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