

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

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

SPORTS REGISTRATION FORM

Facility <u>ALPINE RECREATION CENTER</u>	Uniform Size: YS YM YL AS AM AL AXL AXXL
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SPORT BASKETBALL	DIVISION
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P L A Y E R	Last Name _____ First Name _____ Birth date ____/____/____ Age ____ Grade ____ Height ____ Weight ____ School _____ Are you a returning player? Yes No If yes, Team _____ Division _____ Do you have a sibling playing in this same age division? Yes No If yes: Name _____ Age _____ <p style="text-align: center; font-size: small;">Same team privileges will only apply to siblings</p>
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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 (____) _____
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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 _____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the BASKETBALL 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 officers, 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 _____ CITY OF LA _____ 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, by the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at 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/her 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' 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 _____

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____