

Granada Hills Recreation Center

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

SPORTS REGISTRATION FORM

YEAR: 2016	SPORT:	DIVISION:	GIRLS/CO-REC:	SEASON:
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P L A Y E R	Last Name: _____ First Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate: _____ Age: _____ School Name: _____
	Please list any conditions or special needs that may affect participation in sports league: _____
	Do you have a brother or sister playing in the SAME DIVISION? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Age: _____
Uniform Size: <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/> AXXXL	

C O N T A C T	Address: _____ City: _____ Zip: _____
	Parent/Guardian 1: _____ Primary Phone: _____
	Alt Phone: _____ Email: _____
	Parent/Guardian 2: _____ Primary Phone: _____
	Alt Phone: _____ Email: _____
	Emergency Contact: _____ Phone: _____

Please check below if you are interested in helping with one the of the following:

- Coach Assistant Coach Team parent

PLEASE READ AND INITIAL EACH ITEM

____ **CONSENT:** By registering I understand that I give my authorization to participate in the Granada Hills Recreation Center programs and all activities therein. I further agree to relieve the City of Los Angeles Department of Recreation & Parks, its officers, agents, and employees from any liability for injury to my child resulting from and/or in connection with the activities in its programs. I understand the Recreation Center **CARRIES NO INSURANCE.** I do hereby authorize the City of Los Angeles to act as agent for my child: to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act & on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific consent. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

____ **LEAGUE POLICIES:** I understand that **coach & carpool requests WILL NOT be honored;** same team requests apply only to siblings. I understand that games & practices may be scheduled on various days and times of the week, based on volunteer coaches' availability. I understand that teams are made from evaluations to ensure balanced teams & that my child is **REQUIRED** to attend one of the evaluation days.

____ **PHOTO RELEASE:** By registering I agree to allow the City of Los Angeles Department of Recreation & Parks and the Granada Hills Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge. As it is difficult to pull individuals out of photographs & film, I understand that there is not an option my child to be excluded.

____ **REFUND POLICY:** FULL REFUNDS are only issued when the Recreation Center cancels the activity. A minimum 15% cancellation fee is assessed for all refunds. Changes/transfers per sports league may be assessed additional fees. Please allow 6-8 weeks for processing of all refunds.

I have read, understand, and agree to abide by the above mentioned policies and practices.

_____ PARENT SIGNATURE

_____ DATE

FOR OFFICE USE ONLY

RW Number	Date Paid	Amount Paid	Staff Initials	Age Verified	Spot #

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PARENT/GUARDIAN'S CODE OF CONDUCT

1. I will put the emotional and physical well-being of the children first, making me a good role model of sportsmanship and character.
2. I will try to make the game FUN for all involved and not take it too seriously.
3. I will lead by example by being fair and treating all participants, coaches, staff, and the public with respect, creating a positive recreation experience for everyone.
4. I will not use drugs, tobacco, or alcohol at youth sports events.
5. I will remember that the game is for the children, not the adults, and I will encourage, not pressure, my child to play.

I understand that the penalties for not following this code may range from a verbal warning to expulsion from the activity.

PARENT/GUARDIAN'S SIGNIATURE

DATE

PLAYER'S CODE OF CONDUCT

1. I will play by the rules and never get mad about the official's decisions.
2. I will play for FUN, play fair, and always try my hardest.
3. I will remember it is just a game.
4. I will not use drugs, tobacco, or alcohol.
5. I will cheer everyone on in a nice way and never say bad things about anyone.

I understand that the penalties for not following this code may range from a verbal warning to expulsion from the activity.

PLAYER'S SIGNIATURE

DATE