



City of Los Angeles Department of Recreation & Parks
STONER RECREATION CENTER
 1835 Stoner Ave. Los Angeles, CA 90025
 (310) 479-7200 ~ rap.stonerrc@lacity.org



WOMEN'S SOCCER REG FORM

PARTICIPANT INFORMATION:

PLEASE FILL OUT ALL INFORMATION BELOW AS NEATLY AS POSSIBLE.

Last Name: _____		First Name: _____	
Address: _____		City: _____	
Best Contact #: _____		Zipcode: _____	
Email: _____		2nd Contact #: _____	
Emergency Contact Name: _____		Best Contact #: _____	
Would you be interested in volunteering to coach one of our youth soccer teams?		YES	NO
1 Hour practice held 1 day during the week and a 1 Hour game held on Saturday.			

WAIVERS & POLICIES

COVID-19 ACCEPTANCE OF RISK AND WAIVER LIABILITY

PARTICIPANT INITIALS: _____

By my participation I am fully aware that there are a number of risks associated with me entering onto City of Los Angeles Department of Recreation and Parks (RAP) property, participating in RAP programs, and utilizing RAP equipment and facilities during the COVID-19 pandemic. This waiver, release, and other representations and covenants set forth herein are given in consideration for RAP permitting me and/or my child to participate in RAP programs during this emergency period. Therefore, without limitation, I understand that I and/or my child could contract COVID-19 disease which could result in a serious medical condition requiring medical treatment in a hospital or could possibly lead to death. On behalf of myself our heirs, successors and assigns, I knowingly and freely, assume all such COVID-19 related risks, both known and unknown, relating to my entry onto RAP property, participation in RAP programs, and utilization of RAP equipment and facilities as described above, and I hereby forever release, waive, relinquish, and discharge RAP, along with its officers, agents, employees, or other representatives, and their successors and assigns (collectively, the "City Representatives"), from any and all COVID-19 related claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "Damages") as a result of me entering onto RAP property, participating in RAP programs, and utilizing RAP equipment and facilities as described above, including but not limited to personal injuries, death, disease or property losses, or any other loss, and including but not limited to claims based on the alleged negligence of any City Representative or any other person related to COVID-19 sanitization. I further promise not to sue RAP or any City Representative, and agree to indemnify and hold them harmless from any and all Damages resulting from me and/or my child's contraction of COVID-19.

AUTHORIZATION TO PARTICIPATE

PARTICIPANT INITIALS: _____

By registering, you understand that you are giving your authorization to participate in the Stoner Recreation Center programs and all activities there in. You further agree to relieve the City of Los Angeles Department of Recreation and Parks, its officer, agents, and employees from any liability for injury to you resulting from and/or in connection with the activities in this program. You understand that the Recreation Center carries no insurance. You do hereby authorize the City of Los Angeles to act as agent for you: 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 Medicine Practice Act and 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.

PHOTO RELEASE:

PARTICIPANT INITIALS: _____

By participating in our programs, patrons agree to allow the City of Los Angeles Department of Recreation and Parks and Stoner Recreation Center to use photographs, video tapes, and testimonials of participants for use in publicity materials free of any fee or usage charge.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE ABOVE MENTIONED POLICIES AND PRACTICES.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

REGISTRATION INFORMATION:

CIRCLE OR CHECK THE SEASON BELOW. STONER STAFF WILL FILL OUT THE REMAINING INFORMATION

HHID: _____

SEASON:	WINTER JANUARY-MARCH	SPRING APRIL-JUNE	SUMMER JULY-SEPTEMBER	FALL OCTOBER-DECEMBER
RT RECEIPT #:				
DATE:				
PAYMENT TYPE:	CASH CC CHECK#	CASH CC CHECK#	CASH CC CHECK#	CASH CC CHECK#
STAFF INITIALS				