

Name of Official:

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

VALLEY MUNICIPAL SPORTS OFFICE

6911 Laurelgrove Avenue, North Hollywood, CA 91605 Phone: (818) 756-8073 Fax: (818) 764-5794 E-mail: basketball.munisports@lacity.org



CITY OF LOS ANGELES
DEPARTMENT OF RECREATION AND PARKS

Official's information - PLEASE PRINT OR TYPE

ONE-TIME REGISTRATION AND ACKNOWLEDGEMENT FOR OFFICIALS PAID BY ADULT LEAGUES

Mailing Ad	dress:	·
· ·	City:	, CA Zip: Fax:
Phone:		Fax:
E-mail Add	ress:	
Guidelines For Adult Sports Officiating		
I acknowled Parks in per	lge I have read and will forming officiating serv	here to the following guidelines established by the Department of Recreation and es for the patrons of the Department's programs:
1.		is between the Official and the Patron/Team. Recreation and Parks will not mes no liability for the payment of the official by the patron, and makes no
2.		S: The official is solely responsible for the compliance with applicable Federal,
 4. 	HOLD HARMLESS assigns and legal repvolunteers shall not expense (including legarity's property incuractivities related the agencies, employees Registrant's conduct while participating in agreement exempts to negligence or willful of the public premise all laws and safety recontents, and signs in NON-DISCRIMINA policies and criteria	Registrant hereby expressly agrees on its behalf and that of its dependents, heirs, sentatives: That the City of Los Angeles, its officers, agencies, employees and responsible or liable for any injury (physical or mental), death, damage, loss or al costs and reasonable attorney fees) either to Registrant, its assigns, or either ed while Registrant or Registrant's assigns are engages in photography sales of the Registrant further agrees to indemnify and hold harmless the City, its officers, and volunteers from all loss or liability, actual or alleged, that may arise from the conduct of its invitees, agents, or assigns, either intentional or negligent, the above described activities. However, neither the waiver nor the indemnity City or its officers, agencies, employees or volunteers from acts of gross disconduct. Registrant hereby represents that: Registrant is aware of the condition and accepts the premises in their present condition. Registrant agrees to abide by alations. Registrant has carefully reviewed this document, understands its oluntarily, without being subject to coercion. ION POLICY: Applicant certifies that it does not discriminate in employment the program participation of the basis of race, religion, national origin, ancestry, ion, age, physical handicap, marital status, or medical condition.
Signature of Official		Date
Attach a c	opy of Driver's licer	e or other photo identification issued by a government agency.
	SE ONLY	
Type of IdentificationID # Expiration DateVerified by <signature></signature>		
Expiration DateVerified by <signature> Staff name (print) Title</signature>		
Starr name	(print)	11ue