

CITY OF LOS ANGELES - DEPARTMENT OF RECREATION & PARKS

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

SPORTS REGISTRATION FORM

SPORT: <input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Softball <input type="checkbox"/> Soccer	DIVISION: <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> Lil Ballers 5-6</div> <div><input type="checkbox"/> Pee Wee 7-8</div> <div><input type="checkbox"/> Minors 9-10</div> <div><input type="checkbox"/> Majors 11-12</div> <div><input type="checkbox"/> Juniors 13-15</div> <div><input type="checkbox"/> Elem Min/Maj girls</div> <div><input type="checkbox"/> Junior Min/Maj Girls</div> </div>	LEAGUE: <input type="checkbox"/> Youth Co - Rec <input type="checkbox"/> Youth Boys <input type="checkbox"/> Youth Girls
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P L A Y E R	Last Name _____ First Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
	Birthdate ____ - ____ Age ____ Grade ____ Height ____ School _____
	Are you a returning player <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Team _____ Division _____
	Do you have a brother or sister playing in this same age division? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes: Name _____ <u>Uniform Size</u> _____
	<p align="center">Same team privileges will only apply to siblings – Carpool requests will not be honored</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> A copy of my birth certificate is enclosed <input type="checkbox"/> My birth certificate is on file at the Park office </div> <input type="checkbox"/> My email address is: _____

G E N E R A L	Address _____ City _____ Zip _____
	Parent/Guardian _____ Home Phone _____
	Work Phone _____ Cell Phone _____ Pager _____
	Emergency Contact Name _____ Emergency Phone _____
	Work Phone _____ Cell Phone _____ Pager _____

Please check below if you are interested in helping with one of the following:	
<input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer _____ Team	

PARENT/PLAYER CONSENT FORM

PLEASE READ THE FOLLOWING INFORMATION AND SIGN THIS FORM

☐ **PARTICIPANT AS A MINOR:** I, the undersigned, give permission for my child, whose name appears above, to participate in the RITCHIE VALENS R. C. 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 officer 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 RITCHIE VALENS R. C. 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 on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a 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 best judgment may deem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to say agent.

☐ **PARTICIPANT AS AN ADULT:** I, the undersigned, give my consent to play in the above mentioned sports program at RITCHIE VALENS R. C. I understand the nature of the sports leagues and I believe myself 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 officer agents and employees from any liability in connection with any injury to myself in connection with this league. I understand that the Recreation Facility CARRIES NO INSURANCE. I further agree to completely follow any and all rules outlined in the "Code of Conduct" at all times.

Parent/Guardian signature _____

Date _____

Participant signature _____

REFUND POLICY	
A non-refundable 15% administration fee will be assessed by the recreation center for any patron granted a refund, change or transfer per class or sports league registration. No full refund will be issued unless the class or league is cancelled by the recreation center.	
Once the league has started I am aware that there will be no refunds _____ Please initial	

OFFICE USE ONLY			
RECEIPT NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)

BE A GOOD SPORT

PLAYER'S 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

1. I will play by the rules, and refrain from arguing or complaining about the official's decisions.
2. I will be a role model of good sportsmanship and character and will meet my responsibilities to the coach and the team.
3. I will play for the fun of it, and do my best to make sure that the game is fun for all participants.
4. I will demonstrate fair play and sportsmanship. I will treat participants, coaches, recreation administrators, and the public with the respect I would like to be treated.
5. I will refrain from the use of alcohol, drugs, or tobacco at all youth sports events.
6. I will make only positive and encouraging comments to players on both teams. I will be a good sport by cooperating with my coaches, teammates, opponents and officials.
7. I will remember that the goals of the game are to have fun, improve skills and feel good about playing. I will not take the game or myself too seriously. I will control my temper.
8. I will work equally hard for the team as for myself, and will always give my best effort.
9. As a player, I have rights and responsibilities I will remember that I am a sports player and that the game is for my enjoyment and my skill improvement.

I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.

PRINT PLAYER'S NAME

FACILITY

PLAYER'S SIGNATURE

DATE

BE A GOOD SPORT

PARENT'S 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

1. I will place the emotional and physical well-being of the children above any personal desire to win. I will help my child understand the valuable lessons sports can teach.
2. I will be a role model of good sportsmanship and character. I will help my child meet his/her responsibilities to the coach and the team.
3. I will do my best to make sure that the game is fun for all participants.
4. I will lead by example in demonstrating fair play and sportsmanship to all participants. I will treat participants, coaches, recreation administrators, and public with respect.
5. I will help maintain a sports environment for all participants that are free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
6. I will make only positive and encouraging comments to players on both teams. I will not interfere or coach from the stands.
7. I will remember to not take the game or myself too seriously.
8. I will strive to create a positive recreational experience for everyone involved in the activity.
9. I will remember that I am a youth sports parent, and that the game is for children and not adults. Accordingly, I will encourage my child to play sports by providing a supportive atmosphere, but not pressure.

I understand that the penalties for not adhering to this Code of Conduct may range from a verbal warning to expulsion from the activity.

PRINT PARENT'S/GUARDIAN NAME

FACILITY

PARENT'S/GUARDIAN SIGNATURE

DATE