

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

Flag Football

Basketball

Soccer

Baseball

# SPORTS REGISTRATION FORM

<b>SPORT:</b> <input type="radio"/> Basketball <input type="radio"/> Baseball <input type="radio"/> Football <input type="radio"/> Soccer	DOWN SYNDROME INSTRUCTIONAL BASKETBALL LEAGUE DATES: SEPTEMBER 19 <sup>TH</sup> –NOVEMBER 7 / BANQUET NOVEMBER 14TH INCLUSIVE PROGRAM FOR CHILDREN WITH DOWN SYNDROME <i>FRIENDS AND FAMILY ARE WELCOME</i> <b>FEE:30.00</b>	<b>LEAGUE:</b> <input type="radio"/> Youth Coed <input type="radio"/> Youth Girls
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(PLEASE PRINT CLEARLY)

P L A Y E R	Last Name _____ First Name _____ ( ) Male ( ) Female Birth Date ___/___/___ Age _____ Grade _____ Height _____ Weight _____ School _____ Shirt Size: Youth _____ Adult _____ ( ) A copy of my birth certificate is enclosed ( ) My birth certificate is on file at the Park office ( ) Yes, I would like to receive e-mail updates about park programs. My e-mail address is: _____
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G E N E R A L	Address _____ City _____ Zip _____ Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ Emergency Contact Name _____ Emergency Phone _____ Work Phone _____ Cell Phone _____
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Please check below if you are interested in helping with one of the following:

- ( ) **Coach**      ( ) **Assistant Coach**      ( ) **Team Mom**      ( ) **Volunteer**

### PARENT/PLAYER CONSENT FORM

**PARTICIPANT AS A MINOR:** I, the undersigned, give permission for my child, whose name appears above, to participate in the North Hollywood 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, it's 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 North Hollywood 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 an physician licensed under 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 deemed 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 said agent.

**PARTICIPANT AS AN ADULT:** I, the undersigned, give my consent to play in the above mentioned sports program at North Hollywood 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, it's 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 further agree to completely follow any and all rules outlined in the "Code of Conduct" at all times.

Parent/Guardian OR Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S 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. I also promise to pick-up all **Trophies / Pictures** within (3) weeks of the end of the season, I understand the center will discard all **Trophies and Pictures** after the before mentioned (3) week period.

Parent/Guardian Signature \_\_\_\_\_, \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

RR NUMBER	AMOUNT	RECEIVED BY	AGE VERIFIED