

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS

GPLA SPORTS REGISTRATION FORM

Uniform Size: Youth Adult

Facility_Bogdanovich Rec _____	Uniform Size: Small Med Large XLarge 2XLarge 3XLarge
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SPORT Girls' _____	DIVISION (GPLA)
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P L A Y E R	Last Name _____ First Name _____ Birth date ____/____/____ Age ____ Grade ____ Height ____ Weight ____ School _____ Are you a returning player? Yes No If yes, Team _____ Division _____ Do you have a sister playing in this same age division? Yes No If yes: Name _____ Age _____ <p style="text-align: center; font-weight: bold; font-size: small;">Same team privileges will only apply to siblings</p>
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G E N E R A L	Address _____ City _____ Zip Code _____ Parent/Guardian _____ Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____ Email _____ Emergency Contact Name _____ Work Phone (____) _____ Cell Phone (____) _____ Home(____) _____
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Please circle below if you are interested in helping with one of the following:
 Coach Assistant Coach Volunteer

How did you hear about this program? Mail Newspaper Friend/Relative School Phone Inquiry Email Facebook Other _____

PARENT CONSENT FORM

Parent Consent: I give permission for my child, whose name is listed below, to participate in the _____ GPLA Program. I authorize the City to make, procure or use photographs, film, tapes or other likenesses or Minor's physical image and/or voice as may be needed for use with program's publicity material. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks. **I understand that the City of Los Angeles carries no insurance.** I also understand the _____ reserves the right to dismiss a child for any conduct detrimental to the program.

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR AT AN AUTHORIZED HOSPITAL IN CASE OF EMERGENCY, ILLNESS OR ACCIDENT:

I (We) the undersigned, parent(s) of the Minor, whose name is listed above, do hereby authorize _____ as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision 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 the said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Signature _____ Date _____

PARENTS' 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.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

RR NUMBER	AMOUNT	RECEIVED BY (Initial)	AGE VERIFIED (Initial)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____