

Good Sportsmanship is Everyone's Responsibility ... Be a Good Sport
ELYSIAN VALLEY RECREATION CENTER
1811 RIPPLE ST LOS ANGELES, CA 90039 (323) 666-5058
SPORTS REGISTRATION FORM

SPORT _____	DIVISION _____	UNIFORM SIZE
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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 _____ Weight _____ 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 Age _____
	If yes: Name _____ <p align="center">Same team privileges will only apply to siblings</p>

CIRCLE ONE

YOUTH:
SM MED LRG

ADULT:
SM MED LRG XL

GPLA
ADULT: MED L XL

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

Please check below if you are interested in helping with one of the following:

Coach
 Assistant Coach
 Volunteer
 _____ **Team**

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

PARENT CONSENT FOR

I, the undersigned, give permission for my child, whose name appears above, to participate in the ELYSIAN VALLEY 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 ELYSIAN VALLEY as agents for the undersigned 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 said agent.

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.

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

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