

CITY OF LOS ANGELES DEPARTMENT OF RECREATION & PARKS
VALLEY PLAZA RECREATION CENTER

BASKETBALL SPORTS REGISTRATION FORM Activity # _____

UNIFORM SIZE <input type="checkbox"/> ADULT <input type="checkbox"/> YOUTH <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X- Large <input type="checkbox"/> 2X- Large <input type="checkbox"/> 3X- Large	DIVISION: <input type="checkbox"/> Pee Wee's Ages 4-6 <input type="checkbox"/> Major Boys Ages 11-12 <input type="checkbox"/> Rookies Ages 7-8 <input type="checkbox"/> Junior Girls Ages 13-15 <input type="checkbox"/> Minor-Majors Girls Ages 9-12 <input type="checkbox"/> Junior Boys Ages 13-15 <input type="checkbox"/> Minor Boys Ages 9-10
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P L A Y E R	(PLEASE PRINT CLEARLY)					
	_____				_____ () Male () Female	
	Last Name		First Name			
	____/____/____		Age		Grade	
	Birth Date		Height		School	
Are you a returning player (circle one) Yes or No. If yes Team Name: _____ Division _____						
First time Playing Basketball (circle one) Yes or No						

G E N E R A L	_____		_____			
	Parents/Guardians Name		Parents/Guardians Name			
	_____		_____			
	Cell Phone		E-mail address			
	Address		City		Zip Code	
_____		_____		_____		
Emergency Contact Name		Cell Phone		Relationship to Participant		

Please check below if you are interested in helping with one of the following:
 () Park Advisory Board (PAB) () 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 Valley Plaza R.C. athletic program. I understand the nature of sport activities, the minor's experience and capabilities. I 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 Valley Plaza 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 say agent.

Parent/Guardian or Participants Signature _____ Date _____

PARENT'S OATH TO KIDS

I have read and understand the code of conduct. I promise to demonstrate good sportsmanship by being a positive role model and encouraging all participants to play and have fun while supporting my team in both victory and defeat.

Parent or Guardian Signature _____ Date _____

OFFICE USE ONLY

RW NUMBER	AMOUNT	RECEIVED BY	AGE VERIFIED
RW441			