BELLEVUE RECREATION CENTER

826 LUCILE AVENUE LOS ANGELES CA 90026

PH: (323) 664-2468   EMAIL: BELLEVUE.RECREATIONCENTER@LACITY.ORG

SPORTS REGISTRATION FORM

PLEASE CIRCLE UNIFORM SIZE: Y- Small   Y-Medium   Y-Large   Y-XLarge

A-Small   A-Medium   A-Large   A-XLarge   2X-Large   3XLarge

SEASON:_____   SPORT:_____

YEAR:_____   DIVISION:_____

PLAYER

Last Name _____ First Name _____

Birthdate____ /____ /____ Age_____ Grade_____ Height_____ Weight_____ School_____

Are you a returning player?   Yes   No   If yes, Team: _____Division: _____

Do you have a brother or sister playing in this same age division?   Yes   No

If yes: Name_____ Age _____

Same team privileges will only apply to siblings

GENERAL

Home Address_____City_____ Zip Code_____

Parent/Guardian_____ Home Phone_____

Work Phone _____Cell Phone _____Email _____

Emergency Contact Name _____Home Phone_____

Work Phone _____Cell Phone _____Email _____

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

Please circle 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   Social Media   Friend/Relative   School   Phone   Park Website Inquiry   Other_____

PARENT CONSENT FORM

I, the undersigned, give permission for my child, whose name appears above, to participate in the **BELLEVUE RECREATION CENTER** 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 **BELLEVUE RECREATION CENTER** CARRIES **NO INSURANCE**.

I, the undersigned parent of, _____a minor, do hereby authorize **BELLEVUE RECREATION CENTER STAFF,** volunteers, coaches and/or employees 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 said agent. **PHOTO RELEASE:** By participating in our programs patrons agree to allow the City of Los Angeles Department of Recreation and Parks and **BELLEVUE RECREATION CENTER** to use photographs, video tapes, and testimonials of participants for use in publicity materials free of usage charge.

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)
_____	_____	_____	_____
_____	_____	_____	_____