



GRYD Summer Night Lights 2024 YOUTH - Sport Registration Form



SPORT: Basketball Soccer DIVISION:			
Parent(s) Name(s):			
Parent Phone Number(s):			
Youth Name (First & Last):	Birthdate://	Age: Sex:	
Address:	City:	Zip:	
mergency Contact Name:	Phone Number: ()		
ersey Size:			
Youth S Youth M Youth L Youth XL Adult S Ac	dult M Adult L Adult XL	Adult 2XL Adult 3XL	
Ethnicity: African American Asian American Caucasian Latino Native American Other:			
I understand that as a registered participant of an SN distributed by the Recreation and Parks SNL Coordinate	•		

PARENT/GUARDIAN CONSENT for Participation of a Minor in SNL Sports Medical Care

I, the undersigned, give permission for my child, whose name appears above, to participate in the Summer Night Lights athletic program and/or Skateboard/In-line Skate Park. I understand the nature of the 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 Mayor's Office of Gang Reduction and Youth Development Summer Night Lights program, City of Los Angele, sand Department of Recreation and Parks, its agents, officers, and employees from any liability in connection with any injury to my child in connection with participation in any Summer Night Lights related sports activities.

I understand that neither the Mayor's Office of Gang Reduction and Youth Development, nor the Recreational Facility CARRIES INSURANCE. I do authorize the Mayor's Office of Gang Reduction and Youth Development, City of Los Angeles, and Department of Recreation and Parks, its agents, officers, and employees to act as an agent for my child, listed above, and consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is 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 judgment may deem advisable. The authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to said agent.

Signature of Parent/Guardian:	Date:		
Parent/Guardian/Player CODE of CONDUCT			
I hereby pledge to live up to my responsibilities as a parent of a child parallel following the parent/guardian/player's code of conduct.	my responsibilities as a parent of a child participating in the Summer Night Lights Sports program by an/player's code of conduct.		
As a parent/guardian I will place the emotional and physical well-being of	of the child above any personal desire to win.		
s a parent/guardian I will help my child understand the valuable lessons sports can teach. I will be a role model of good ortsmanship and character.			
As a parent/guardian I will help my child meet his/her responsibilities to	onsibilities to the coach and the team.		
As a parent/guardian I will not interfere or coach from the stands. I will be a good sport by cooperating with my coaches, teammates, opponents and officials.			
	ent/guardian, and that the game is for children and not adults. Accordingly, by providing a supportive atmosphere, but not pressure.		
As a player I will play by the rules and never argue or complain about the official's decisions.			
As a player I will play for the fun of it and do my best to make sure that to demonstrating fair play and sportsmanship to all participants. I will treat with respect. I will help maintain a sports environment for all participant their use at all youth sports events. I will make only positive and encourage	participants, coaches, recreation administrators and the public, ts that is free of drugs, tobacco, and alcohol, and I will refrain from		
As a player I will remember that the goal of the games are to have fur or myself too seriously, I will control my temper. I will strive to crea activity.			
I will discuss the significance of this code of conduct with my family mer this Code of Conduct may range from a verbal warning to expulsion from			
Signature of Parent/Guardian:			
Signature of Player:			
Date:			
Media/Use of Image			
I hereby grant the Mayor's Office of Gang Reduction and Youth Develop the Department of Recreation and Parks permission to use my son's/dau publications, promotional materials or on the Internet, without any furt no monetary or other claim against the aforementioned entities for the	ughter's likeness in photograph(s)/video in any and all kinds of its her authorization, now or in the future, in perpetuity. I will make		
Signature of Parent/Guardian:	Date:		