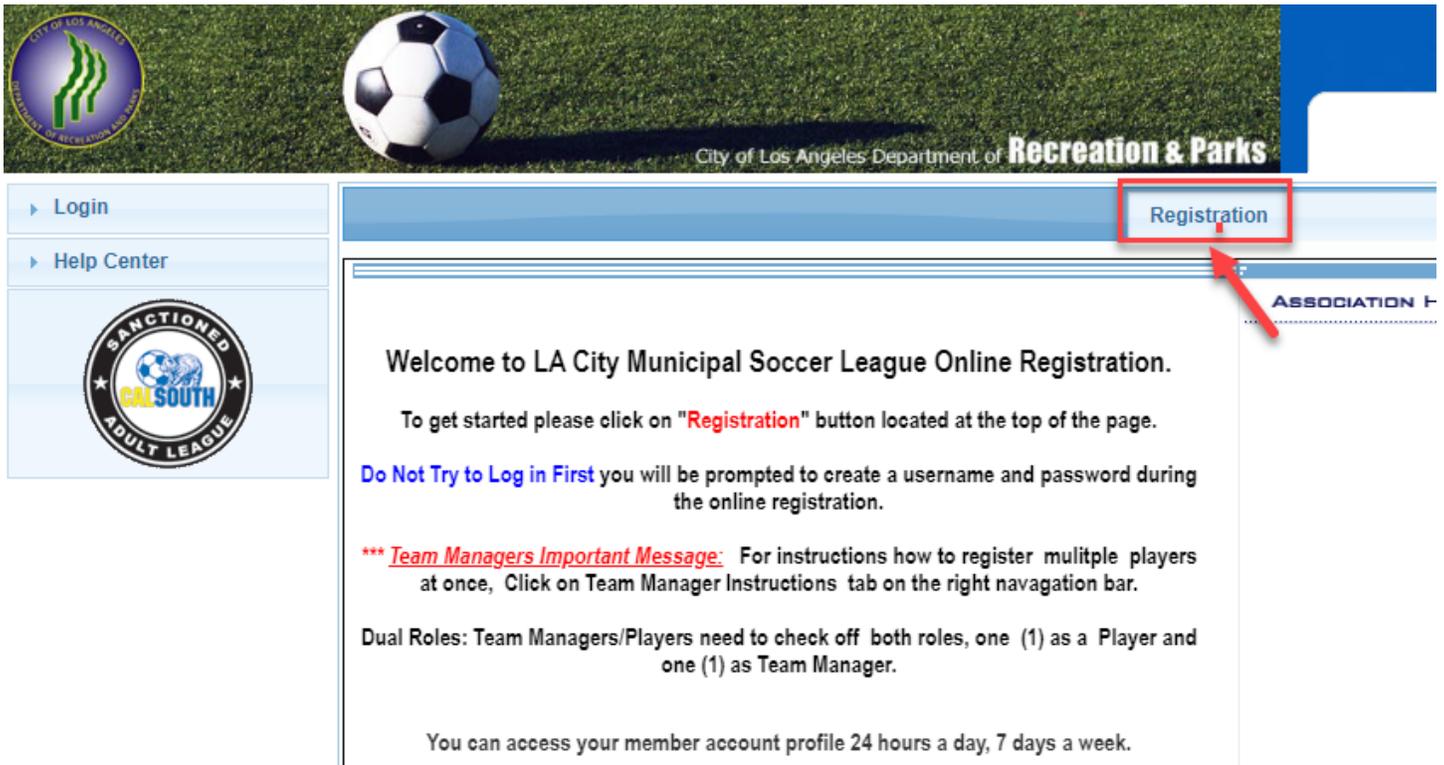


Register yourself to your LA Municipal League Team

1. Click on the registration link then click on the "Register" button on top and not on "Login" on the right.



City of Los Angeles Department of Recreation & Parks

Registration

WELCOME TO LA CITY MUNICIPAL SOCCER LEAGUE ONLINE REGISTRATION.

To get started please click on "Registration" button located at the top of the page.

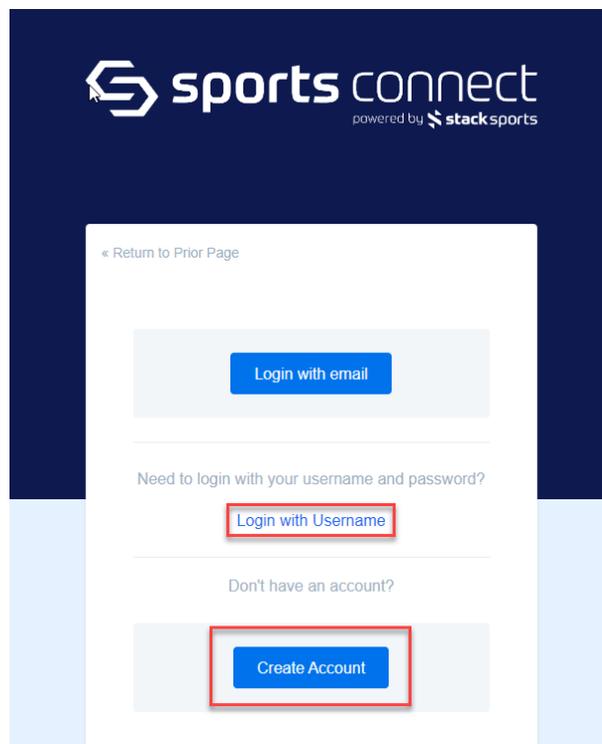
Do Not Try to Log in First you will be prompted to create a username and password during the online registration.

***** Team Managers Important Message:** For instructions how to register multiple players at once, Click on Team Manager Instructions tab on the right navigation bar.

Dual Roles: Team Managers/Players need to check off both roles, one (1) as a Player and one (1) as Team Manager.

You can access your member account profile 24 hours a day, 7 days a week.

2. For new players, click on the "Create Account" button at the bottom to create your player profile. For returning players click on "Login with username." Click forgot password if you don't remember it.



sports connect
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« Return to Prior Page

Login with email

Need to login with your username and password?

Login with Username

Don't have an account?

Create Account

3. Select your team from the drop-down list and then click on the green “Continue” button.

Select Team(s)

Select a season: *
Adult 2022-2023

Select your primary team: *
Select a team ...

If you also play on other teams, then choose your multirostering teams below... [Click to Show Multirostering Teams...](#)

* are required fields

Continue >>

4. Click on “Add Self to Teams(s)” and then check the “Player” box.

Traducir en Español

1. Add Member >> 2. Accept ELA >> 3. Make Payment >> 4. Print Form >>

Team Information:

Team	TeamCode	PlayLevel	Age	Gender	# Players Registered	# Admins Registered
Test Team	D313-03OMen-000092	Adult Open	Open	Men	0	0

Add Self to Team(s)

Choose Team Roles *

Player Team Manager Head Coach
 Assistant Coach Team Captain

? (with red arrow pointing to the question mark)

5. Enter information in required fields and then click on the green “Save” button at the bottom to continue. A player picture will be required to be uploaded as they are needed for the player ID cards.

Personal Information

First Name* Aldo Initial Last Name* Ramirez Suffix

Gender* Male DOB Month (mm)* 04 Day (dd)* 24 Year (yyyy)* 1990

 Click here to show photo or driver's license upload*
Required: 'Profile Photo'

Country of Birth
 Country of Citizenship
 Has this player played outside of the U.S.?

Address Information

Country (certain countries have been omitted from this list)*
 United States of America

Address1
 1029 S Placentia Ave

Address2

City Fullerton State California Zipcode 9283151

6. Click on the green "Continue" button

- 1. Add Member >>
- 2. Accept ELA >>
- 3. Make Payment >>
- 4. Print Form >>

Team Information: ?

Team	TeamCode	PlayLevel	Age	Gender	# Players Registered	# Admins Registered
Test Team	D313-03OMen-000092	Adult Open	Open	Men	0	0

Add Self to Team(s)
Continue >>

7. Check the "I Accept" box to accept the Cal South Waiver and then click on the green "Agree & Continue" button.

Accept ELA

1 of 1 Cal South Disclaimer

I agree to (1) To abide by the rules of Cal South and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim or written demand by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. (2) To authorize verification of my date of birth from legal records to a Cal South authorized representative for the limited purpose of Cal South player age verification. (3) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or my well-being. (4) To hereby give my consent to Cal South to take photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. I grant Cal South and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South educational and promotional purposes in manuals, on flyers, the internet, or other publications. (5) I agree to be placed on Cal South's member email and mailing distribution list. If I wish to be removed, I will notify Cal South in writing via email at info@calsouth.com.

I Accept

Your First Name* Aldo Your Last Name* Ramirez

<< Back Print Agree & Continue >>

8. Submit payment and registration is now complete and you should be assigned to the you selected.