

City of Los Angeles: Department of Recreation and Parks
Good Sportsmanship is Everyone's Responsibility... Be a Good Sport
BARRINGTON SPORTS REGISTRATION FORM

333 South Barrington Avenue, Los Angeles, California 90049. (310)476-4866; Fax (310)575-8031
 IF YOU WOULD LIKE TEAM ROSTER AND SCHEDULE FAXED TO YOU LIST FAX # HERE ()

SPORT	DIVISION
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"/> NO <input type="checkbox"/> YES If yes, Team _____ Division _____ Do you have a sibling playing in the same division? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes: Name _____ Age _____ <p align="center" style="font-size: small;">Same team privileges only apply to siblings</p>
G E N E R A L	Address _____ City _____ Zip _____ Parent/Guardian _____ Home Phone (____) _____ Work Phone (____) _____ Cell Phone/Pager (____) _____ Emergency Contact Name _____ Home Phone (____) _____ Work Phone (____) _____ Cell Phone/Pager (____) _____
Please check below if you are interested in helping with one of the following: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Volunteer Team _____	
How did you hear about this program? <input type="checkbox"/> Newspaper <input type="checkbox"/> Mail <input type="checkbox"/> Friend/Relative <input type="checkbox"/> School <input type="checkbox"/> Phone Inquiry Other _____	
PARENT CONSENT FORM	
I, the undersigned, give permission for my child, whose name appears above, to participate in the Barrington Recreation Center athletic program. 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 City of Los Angeles Department of Recreation and Parks, it's officers, agents and employees fro any liability in connection with any injury to my child in connection with this league. I understand the Recreation Facility CARRIES NO INSURANCE. I the undersigned parent of _____, a minor, do hereby authorize Barrington Recreation Center 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 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 of Parent/Guardian _____ 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 both in victory and defeat.	
Parent/Guardian Signature _____ Date _____	
Parent/Guardian Signature _____ Date _____	
RR# _____	Amount \$ _____
Received By _____	Age Verified _____