



DC Department of Parks and Recreation

Athletic Programs Administration League Registration Form

Name: _____

Sex: [] Male [] Female

Date of Birth: _____

Address: _____

City/State: _____

Zip: _____

School: _____

Grade: _____

Home Phone: _____

Parent/Guardian's Name: _____

Work Phone: _____

Emergency Contact: _____

Phone: _____

Recreation Center: _____

List any illnesses or conditions that may interfere with your participation in this activity

In consideration of your accepting my application to participate in a D.C. Parks and Recreation Sports program, I hereby for myself, my child, my personal representatives, executors and administrators, waive and release all claims and rights for damages I may have against the District Government D.C. Parks and Recreation, or their agents for any and all injuries suffered by me in said activity. I understand that the Athletic Programs Administration Sports Program involves sports that may include some contact. All possible care will be taken by the instructor/coach to ensure the safety of all participants. I voluntarily and knowingly recognize, accept and assume all risk.

Parent/Guardian's Signature: _____

Date: _____

For Staff Use Only

Age Bracket: _____ Registration Form _____

Division: _____ Physical: _____

DPR Staff Initials _____ Code of Conduct: _____

Pin #: _____ Age Verification: _____

Athletic Programs Administration

Youth Sports Code of Conduct

As a player, I understand that I must follow these rules to stay in good standings:

1. I will encourage good sportsmanship from fellow players, coached, officials and parents at every game and practice by demonstrating good sportsmanship.
2. I will attend every practice and game that I can, and will notify my coach if I cannot.
3. I will do my very best to listen and learn from my coached. I will treat my coached, orther players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
4. I deserve to play in an environment that is free of drugs, tobacco and alcohol.
5. I will honestly and wholeheartedly applaud the efforts of my teammates and opponents.

I, the undersigned, fully understand the regulations established by this Code of Conduct, and hereby agree to abide by them as stated. I understand that failure to abide by the Code of Conduct as determined by the DC Department of Parks and Recreation may result in appropriate disciplinary action as determined by Athletic Programs Administration including dismissal from DPR facilities and/or team.

Signature: _____

Date: _____

As a parent/guardian, I recognize that parents/guardians are the most important roles for their children and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or other youth sports event.
2. I will place the emotional and physical well being of my child ahead of my personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth events.
6. I will remember that the game is for youth – not adults.
7. I will ask my child to treat others players, coaches, fan and officials with respect regardless of race, sex, creed or ability.
8. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan or assisting with coaching.

I, the undersigned, fully understand the regulations established by this Code of Conduct, and hereby agree to abide by them as stated. I understand that failure to abide by the Code of Conduct as determined by the DC Department of Parks and Recreation may result in appropriate disciplinary action as determined by Athletic Programs Administration including dismissal from DPR facilities.

Signature: _____

Date: _____



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Parks and Recreation**

General Adult Release Waiver

The signature below certifies that all information contained in this registration is correct and true. My signature also affirms my understanding that participation in DPR programs and activities may present some risk of injury. DC Parks and Recreation assumes no liability for injuries or damages that result from participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my likeness and words to describe, promote, and publicize DPR programs.

General Child/Youth Release Waiver

The signature below certifies that all information contained in this registration is correct and true. My signature also affirms my understanding that my child's participation in DPR programs and activities may present some risk of injury. DC Parks and Recreation assumes no liability for injuries or damages that result from my child's participation in these programs or activities. I further grant DPR and its partner agencies and organizations permission to use my child's likeness and words to describe, promote, and publicize DPR programs.

Medical Permission Form

Some DPR programs and activities require a medical doctor's permission to participate. Medical forms must be submitted before the first day of the scheduled program or activity.

Name: _____

Signature: _____

Date: _____

Athletic Programs Administration
3149 16th Street, NW, Washington, DC 20020

Sports, Health, and Fitness