



CITY OF SAN DIEGO
 PARK & RECREATION DEPARTMENT
YOUTH SPORTS VERIFICATION FORM

FULL NAME (OFFICIAL): _____

NICKNAME: _____

CHILD DATE OF BIRTH: _____

SPORT: _____

SEASON DATES: _____

RECREATION CENTER: _____

TEAM NAME: _____



- I understand that I am responsible for the behavior of my child during practices, games and other events. I understand that if they do not abide by the league rules, they may be removed from the program and I will not be eligible to receive a refund/credit.
- I have been given a copy of the code of conduct for parents, and understand that I am responsible for my behavior as well as the behavior of my guests during practices, games and other events. I understand that if I do not abide by the code of conduct, I may be asked to leave the event, and my team may forfeit and/or may be disqualified from future competitions.
- I understand that my child **CANNOT** participate in the Park & Recreation postseason and/or tournament play if they are playing the same sport with another organization, including practices, games and tournaments (i.e. Little League; Pop Warner; AYSO; YMCA; Travel/Club Team; High School, etc) at anytime during the season dates listed above. If the child plays in any competition/practice with another organization during the Park & Recreation season, their team will have to declare itself as a “filler team” and is ineligible for postseason and/or tournament play. Failure to declare as a “filler team” may result in the team forfeiting all past/future games in which the child participated.
- I understand that I am registering my child for a recreation program, and understand the philosophy of the youth sports program. I understand that games will be played at neighboring Recreation Center, and that I am responsible for arranging transportation to games/competitions.

 PARENT NAME

 PARENT SIGNATURE

 DATE

.....
OFFICE USE (COMPLETED BY ASSISTANT CENTER DIRECTOR OR CENTER DIRECTOR ONLY)

- I attest that I have personally reviewed a birth certificate for this child, and certify that the birth date and name listed on the birth certificate match the information on this document.
- I attest that we have received a properly completed release of liability form for the current sports season. I understand that the failure to submit a roster with a release of liability, verification form and picture for each player by the Sports Committee deadline will make the player ineligible for postseason play.
- I attest that I have provided the parent/guardian a copy of the parent handbook.

 ACD/CENTER DIRECTOR NAME

 ACD/CD SIGNATURE

 DATE