

Los Angeles County Sheriff's Department  
Industry Station Youth Activities League

# 2022 BASEBALL



**Girls and Boys; Grades 3 - 6**  
**Season Begins: April 19, 2022**  
**Applications due by April 4, 2022**

## STAFF

**Martin Park, San Angelo,  
Bassett, Rimgrove &  
Sunshine Parks**

**Deputy Hector Beltran**  
**(626) 764-9002**  
**hpbeltra@lasd.org**

**Deputy Jim Bickel**  
**(626) 764-9005**  
**jwbickel@lasd.org**

**COACHES  
NEEDED**



**You can register at any of  
these parks;**

**Puede registrarse en  
cualquiera de estos parques**

**登记在主题公园**

### **Bassett Park**

510 Vineland Ave.  
(626) 333-0959

### **Martin Park**

14830 Giordano Street  
(626) 918-5263

### **San Angelo Park**

245 S. San Angelo Ave.  
(626) 968-2666

### **Sunshine Park**

515 Deepmead Ave.  
(626) 854-5559

### **Rimgrove Park**

747 N. Rimgrove Dr.

**立即注册**

**女孩和男孩等级3 - 6**  
**季节开始2022年4月19日**  
**由于2022年4月4日申请**

**对于信息电话**  
**(626)764-9005**

**Inscribirse Hoy**

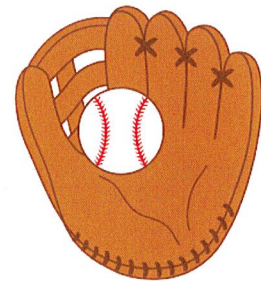
**Ninos y Ninas—Grados 3-6**  
**La temporada comienza el**  
**19 de April.**

**las solicitudes deben**  
**presentarse antes de April**  
**4, 2021**

**Para mas informacion**  
**llame (626) 764-9002**

# FREE!

15660 Mayor Dave Way  
City of Industry, CA 91744  
[www.industryal.org](http://www.industryal.org)



Disclaimer: Basset Unified School District/ Hacienda La Puente Unified School District/ Rowland Unified School District  
Neither endorses or sponsors the organization or activities represented in this flyer. The distribution or display of this  
material is provided as a community service only.

Date Rcv'd \_\_\_\_\_

Sport \_\_\_\_\_

Report Card Ck'd \_\_\_\_\_



**Los Angeles County Sheriff's Dept.**  
Industry Youth Activities League Application Form

**THIS IS A RELEASE OF LIABILITY—READ BEFORE SIGNING**

**Students**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address/City/Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:\*** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Mother or Guardian:** \_\_\_\_\_ **Phone:( )** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Work Phone:( )** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father or Guardian:** \_\_\_\_\_ **Phone:( )** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Work Phone:( )** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:( )** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

The following individuals have unrestricted permission to pick up and sign out the above child from the LA Sheriff's Dept. Youth Activities League (YAL) without any further confirmation from parent or guardian.

**Name** \_\_\_\_\_ **Phone:( )** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone:( )** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**COVID-19**

The Los Angeles Sheriff's Youth Activities League (YAL), the County of Los Angeles, its officers and employees have put in place protective measures to reduce the spread of Covid-19 but, we cannot guarantee that you and/or your child will not become infected with Covid-19 while participating in any YAL programs or activities.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MUST COMPLETE ALL PAGES OF APPLICATION

**Los Angeles County Sheriff's Youth Activity League  
Liability & Photography Release and Medical Consent Form**

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE OF LIABILITY**

In consideration of being permitted to participate in any way in a sport or activity under the auspices of the Sheriff's Youth Activities League, I acknowledge, appreciate and agree that I hereby waive, release, discharge the County of Los Angeles, Sheriff of Los Angeles County, Sheriff Alex Villanueva, officers, agents, servants, employees, or officials of Los Angeles county or the Los Angeles County Sheriff's Department and the City of Industry for personal injury and property damage which may herein after accrue to me as a result of my participation in this program.

That the County of Los Angeles, Sheriff of Los Angeles County, Sheriff Alex Villanueva, officers, agents, servants, employees, or officials of Los Angeles county or the Los Angeles County Sheriff's Department and the City of Industry, and each of them, shall not be responsible or liable for any injury, damage, loss or expense to me or to my property incurred while accompanying any member or members Of the Los Angeles County Sheriff's Department during their performance of their official duties whether the injury, damage, loss or expense occurs by reason of negligence, dangerous conditions of public property or otherwise. I understand the dangers of these activities and will follow all safety instructions explained to me by the members of the Sheriff's Department.

For myself, my heirs, executors, administrators, and assigns, I agree to defend, indemnify and hold harmless the County of Los Angeles, Sheriff of Los Angeles County, Sheriff Alex Villanueva, officers, agents, servants, employees, or officials of Los Angeles county or the Los Angeles County Sheriff's Department and the City of Industry, against any and all manner of actions, claims, causes of actions, suits, debts, demands, damages, liability or expense of any kind and nature incurred or arising by reason of any actual or claimed acts or omission of me or injury sustained by me, while participating in the Industry Sheriff's youth Activity League program. This includes all claims brought by me (the signer).

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR TREATMENT OF MINOR**

In the event of sudden illness, accident, or injury which may occur while participating in the Industry Sheriff's Youth Activity League program; I hereby give my consent to any physician licensed in the State of California pursuant to Civil Code 25.6 to perform such emergency medical treatment as may be necessary under the circumstances. I authorize any member of the Los Angeles County Sheriff's Department to give consent on behalf of me for such emergency treatment as may be necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Medical Information: \_\_\_\_\_ Allergies: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**WAIVER OF RELEASE OF VIDEO-PHOTO, CLAIMS AND INDEMINTY AGREEMENT**

I understand that during YAL programs and/or activities, my photograph and /or the photograph my child may be taken by the Youth Activity League, producers, sponsors, organizers, and/or assigns. I agree that my photograph and/or photograph of my child, including video, photograph film, and/or digital photograph or other reproduction of my likeness and /or my child's likeness, may be used without charge by the Youth Activities League, producers, sponsors, organizers, and/or assigns for such purposes as they deem necessary.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_